

Steubenville St. Louis Mid-America 2019 Scholarship Form

Group Leader Name: _____

Group Leader Email: _____

Group: _____

Week Attending (circle one)

Week 1 – July 12-13-14

Week 2 – July 19-20-21

Teen Name: _____ Age of Applicant: _____

Teen applying for scholarship funds

Current Grade in High School _____

Amount of Scholarship needed _____ (Scholarships will be awarded on availability of funds)

Please describe the **financial need** for the scholarship. Please be specific. _____

Parent/Guardian Signature _____

Group Leader Signature _____

Scholarship Applications are due by **March 11, 2019**

Applicants will be notified of scholarship by **April 5th, 2019**

Mail to:

STEUBENVILLE SCHOLARSHIPS
Tom Lancia
20 Archbishop May Drive
St. Louis, MO 63119

For office use only

Date received: _____

Amount requested: _____

Amount rewarded: _____