Steubenville St. Louis Mid-America 2024 Scholarship Form

Group Leader Name:_____

Group Leader Email:_____

Group:_____

Week Attending (circle one) **Week 1 – July 5-6-7** **Week 2 – July 12-13-14**

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._____

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Parent/Guardian Signature_____

Group Leader Signature_____

Scholarship Applications are due by **March 21, 2024**
The group leader of all applicants will be notified of scholarship by **April 17, 2024**

Mail to: **STEUBENVILLE SCHOLARSHIPS**
Office of Youth Ministry
Melissa Boesch
20 Archbishop May Drive
St. Louis, MO 63119
Or Email to: **melissaboesch@archstl.org**