

Steubenville St. Louis Mid-America 2025 Scholarship Form

Group Leader Name: _____

Group Leader Email: _____

Group: _____

Week Attending (check one)

Week 1 – July 11-12-13

Week 2 – July 18-19-20

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 must be postmarked by **March 13, 2025**

The group leader of all applicants will be notified of scholarship by **April 21, 2025**

Mail to: **STEUBENVILLE SCHOLARSHIPS**

Office of Youth Ministry

Melissa Boesch

20 Archbishop May Drive

St. Louis, MO 63119

Or Email to: **melissaboesch@archstl.org**