

WVUMC Youth Scholarship Request

Name of Youth: _____

Address: _____

Email Address: _____

Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Event for which scholarship is being asked: _____

Dates: _____

Total cost of the event: _____

Amount of scholarship requested: _____

Please download, edit and save this form. Then email the completed form to:

SJAMES@WVUMC.ORG **AND** CRIDGWAY@WVUMC.ORG OR FAX TO 304-344-2871

For Office Use Only

Received on:

Amount of scholarship granted:

Approved by:

Date Approved: