



Scholarship Application Form

We understand that financial needs arise, and we want to partner with you to be able to be part of Creekside events. Creekside individuals may receive one scholarship per year; amounts and availability vary by event.

Submit this form to the Ministry Office and we will notify you as soon as possible with the amount of assistance you can expect.

Today's Date: _____

Participant's Name: _____

Cell Phone or best phone (____) _____

Email Address: _____

- ☐ Regular Sunday Creekside Attender
- ☐ Programs only
- ☐ New (guest)

Address:

Street	City	State	Zip
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Name of the Event: _____

Total Cost of Event: \$ _____

Are you able to contribute half of the cost? (answer below) Half of the cost would be: \$ _____

Answer: _____

If you are unable to contribute half of the cost, what is the amount you can contribute? _____

Please explain your reason for needing financial assistance:

For Office Use: ☐ Notified

Date received: _____ Amount Approved: \$ _____ By: _____

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