



### Important Points:

1. Scholarship applications are due (**postmarked**) **NO LATER THAN 4/21/14**.
2. **Priority** will be given to those scholarship **applications that arrive earliest**.
3. **A \$25.00 refundable deposit must be submitted** with the scholarship application and an online registration must be completed with the “check” option selected for payment.

*All the information on this application will be kept confidential.*

Name \_\_\_\_\_

(        ) \_\_\_\_\_  
Home Phone

Street Address or P.O. Box \_\_\_\_\_

\_\_\_\_\_ Email Address

City, State, Zip \_\_\_\_\_

\_\_\_\_\_ Your Church (Please no initials)

Grade: 6 7 8 9 10 11 12      Have you attended CONVO before?  yes  no

**Give specific reasons for applying for this scholarship.** (It is important that these reasons focus on financial need rather than on a desire to go to CONVO). *The more information you provide the better.* You may use additional paper if needed.

**The Commission on Ethnic Ministries** has set aside funding to encourage racial/ethnic participation in CONVO. If you are interested in these funds, please check the box below and write next to it your racial/ethnic background.

Funding is desired      My racial/ethnic background is: \_\_\_\_\_

### Breakdown of Registration Payment (Total cost of CONVO is \$175):

My family and I will pay \$ \_\_\_\_\_ toward the registration fee.

My church/youth group will pay \$ \_\_\_\_\_.

I would like the CONVO scholarship to cover Half: \$87.50 or Partial: \$ 43.75. Please circle your request.

**\* PLEASE MAKE SURE AMOUNTS TOTAL \$175.**

**I have knowledge that this youth is in need of scholarship money for CONVO.**

Pastor/Youth Director Printed Name \_\_\_\_\_

Pastor/Youth Director Signature \_\_\_\_\_

Email Address \_\_\_\_\_

(        ) \_\_\_\_\_  
Phone Number

Pastor or Youth Director comments.

*Send this application and your deposit POSTMARKED BY 4/21/14*  
**TO: Attn: CONVO Scholarship, P.O. Box 13650, Des Moines, WA. 98198**