



## Scholarship Request Form

*To apply for a scholarship, please fill out the information below and return it to Laurelville.  
Scholarships will be based on financial need and availability of scholarship funds.*

Name of Participant: \_\_\_\_\_

Name of Contact Person (if different than above): \_\_\_\_\_

Program: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Annual Household Income: \_\_\_\_\_ Household Size: \_\_\_\_\_

Are you related to a board member or staff member? Circle Yes or No

Have you or your organization that you're affiliated with made a contribution to Laurelville?  
Circle Yes or No

Amount Requested: \_\_\_\_\_

Forms may be sent to:

Laurelville Mennonite Church Center  
941 Laurelville Lane  
Mt. Pleasant, PA 15666  
Email: [program@laurelville.org](mailto:program@laurelville.org)  
Fax: 724-423-2096

*To be completed by Laurelville:*

Received Date: \_\_\_\_\_ Scholarship Amount Awarded: \_\_\_\_\_ Notification Date: \_\_\_\_\_

Approved by (initial and date): \_\_\_\_\_