



# PINECREST CONFIDENTIAL SCHOLARSHIP REQUEST

Please fill out and return to the Director. This request must be completed in its entirety for all scholarship requests. Personal information will be only available to the Pinecrest Executive Committee and will be kept in strict confidence. The Registrar will be provided with name and amount of approved scholarships.

## Participant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

## Scholarship Request

Program: 20 \_\_\_\_\_ Pinecrest \_\_\_\_\_ Session \_\_\_\_\_

Requested Scholarship: \_\_\_\_\_

Have you contacted your pastor/church regarding assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following so Pinecrest may contact your Pastor, if necessary:

Church: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Reason for scholarship request:

\_\_\_\_\_  
Signature (if participant is a minor, parent or guardian's signature)

\_\_\_\_\_  
Today's Date

## Director's Approval

Pastor Danielle Miller, Director of Pinecrest Lutheran Leadership Ministries, Inc., has approved a scholarship of \$ \_\_\_\_\_ for the participant/program listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

Please mail/e-mail completed form to: Pastor Danielle Miller, Advent Lutheran Church,  
2504 Broadway, New York, NY 10025 or pinecrestdirector@gmail.com