

Pinecrest Lutheran Leadership Ministries, Inc.

Confidential Scholarship Request



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

Participant Information:

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ E-mail: _____

Scholarship Request for the 20____ Summer Winter Session of Pinecrest LLM.

Requested Scholarship: _____

The average scholarship amount awarded is \$100. That being said, please do not hesitate to request at the level of need.

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: _____

Reason for scholarship request:

Signature (if participant is a minor, parent or guardian's signature) Today's Date

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

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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) \_\_\_\_\_ (date)