



2018 Trip Scholarship Application

Student Name: _____

Parent Name: _____

Address: _____

Parent Email: _____

Student Cell Phone Number: _____

Parent Cell Phone Number: _____

Grade for 2018-2019 School Year: _____

Are there special circumstances that have resulted in your need for a scholarship (loss of job, illness, etc.)?

Tell us about your involvement at GFCC: _____

Tell us why you want to attend this event: _____

In addition to the \$50 deposit, what other payments are you able to make toward the cost of the trip? _____

Student Signature

Parent Signature
