



Marcus Haney Memorial Scholarship Event Application

Our Mission is "To Honor God and Marcus Haney by providing faith-building opportunities for youth to experience Christ."

Applicant Information

Applicant Name: _____

Applicant Address: _____

Applicant City: _____ State: _____ Zip Code: _____

Applicant Phone: _____ Applicant Email: _____

Applicant School and Grade Level: _____

Parent/Guardian Name(s): _____

Parent/Guardian Address: _____

Parent/Guardian City: _____ State: _____ Zip Code: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Church Information

Church Name: _____

Church Phone: _____ Email: _____

Church Address: _____

Church City _____ State: _____ Zip Code: _____

p4:13 Ministries, Inc. | 7964 N 163rd Cir, Bennington, NE 68007

Phone: (402) 707-5194 | Email: scholarships@p413Ministries.org | Website: p413Ministries.org



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Event Information

Event Name: _____

Event Date(s): _____

Event Website (if applicable): _____

Payment Instructions (Attach additional information if necessary): _____

Detailed Cost of Event (include registration, lodging, travel, etc, if applicable): _____

Amount of Scholarship Requested: _____

Reason for Attending Event (attach additional pages if necessary): _____



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Financial Need

p4:13 Ministries, Inc. makes the Marcus Haney Memorial Scholarship available based on need. In lieu of requesting financial information demonstrating need, applicants and their parent(s)/guardian(s) are requested to provide any relevant information regarding **other resources available** to finance attendance at the relevant event and to certify the application is being submitted based on a need.

Please describe why you need the Marcus Haney Memorial Scholarship and what other resources you have available to pay for your attendance at this event (attach additional pages if necessary):

By signing below, you are certifying that this application is being submitted based on need and the scholarship is not being requested in lieu of using other available resources. Applicant further certifies the requested funds will be returned, if distributed to the applicant, if he or she fails to attend the event. The applicant additionally certifies that they seek to attend the relevant event in an effort to build their faith and will represent themselves and p4:13 Ministries, Inc. to the best of their abilities if awarded a scholarship.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

p4:13 Use Only: Approved _____ Not Approved _____ Amount, if approved \$ _____ Date: _____

Review Completed By: _____ Card Sent _____ Check Sent _____