



**FIRST UNITED
METHODIST CHURCH**
TULSA

EVENT FINANCIAL AID APPLICATION

Full Name (Child/Student) _____ Date of Birth _____

Age _____ Grade _____ School _____

Active Member of FUMC Tulsa: ☐ Yes ☐ No

If no, what is your church community? _____

Parent/ Guardian Name _____ Cell Phone _____

Address _____

Email Address _____

For Which Event Are You Requesting Financial Aid? _____

Total Cost of Event \$ _____

How much can you contribute? \$ _____

Briefly state the reason for the need for the financial aid:

Why would you like your child/student to participate in this event?

Parent/Guardian Signature _____ Date _____

Office Use Only

Director's Signature _____ Date _____

Executive Director's Signature _____ Date _____

☐ Scholarship Approved Scholarship Amount Approved \$ _____

☐ Scholarship Denied