

**Encounter Youth Ministries**  
Scholarship Recipient Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Event

\_\_\_\_\_  
Date of Event

\$ \_\_\_\_\_  
Trip Cost

\$ \_\_\_\_\_  
Amount Paid

\$ \_\_\_\_\_  
Scholarship Amount

I \_\_\_\_\_ understand that Smyrna First United Methodist Church  
Parent/Guardian  
graciously gives this scholarship to \_\_\_\_\_ for \_\_\_\_\_.  
Student's Name Event Name

I also understand that if my student is unable to attend this trip for reasons other than personal illness or a death in the family, I, the undersigned, am responsible for paying back the scholarship donation in full.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Youth Director Signature

\_\_\_\_\_  
Date