

**Winnebago Presbytery
SYNOD SCHOOL SCHOLARSHIP REQUEST FORM**

Application Deadline:	June 1
Mail Completed Form to:	Synod School Scholarship Winnebago Presbytery 181 E. North Water St., Suite 207 Neenah, WI 54956-2723

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (O) _____ (H) _____

Email: _____

I am a member of _____ Presbyterian Church

City _____

SCHOLARSHIP REQUESTED

_____ \$100 Individual

_____ \$180 Couple Name of Partner going to Synod School _____

_____ \$220 Family

List full names of those for whom scholarships are requested:

_____	_____
_____	_____
_____	_____
_____	_____

Funds will be paid directly to Synod School. Indicate you have requested a Presbytery scholarship when you send in registration.

<u>FOR OFFICE USE ONLY</u>	
Amount Approved: _____	
Approved by: _____	
Check Number: _____	Issued to: _____
	Date Issued: _____