

Pinecrest Lutheran Leadership Ministries Inc.
Confidential Scholarship Request

Please fill out and return to the Director. This request must be completed in its entirety for all scholarship requests. Personal information will be only available to the Pinecrest Executive Committee and will be kept in strict confidence. The Registrar will be provided with name and amount of approved scholarships.

Participant Information:

Name _____

Present Address _____

City _____ State _____ Zip _____

Phone (____) _____ E-mail Address _____

Scholarship Request:

Program: 20_____ Pinecrest _____ Session _____

Requested Scholarship: _____

Have you contacted your pastor/church regarding assistance?

_____ Yes _____ No

If yes, please provide the following so Pinecrest may contact your Pastor, if necessary:

Church: _____ Pastor's Name: _____

Phone (____) _____ E-mail Address _____

Reason for scholarship request: _____

Signature (if participant is a minor, parent or guardian's signature)

Today's Date

~~~~~

Director's Approval:

Pastor Danielle Miller, Director of Pinecrest Lutheran Leadership Ministries, Inc., has approved a scholarship of \$\_\_\_\_\_ for the participant/program listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

Please mail/e-mail completed form to: Pastor Danielle Miller, Oceanside Lutheran Church, 55 Fairview Ave., Oceanside, NY 11572 or pinecrestdirector@gmail.com