Monmouth Presbytery Application for Sandy Scholarship for Youth Triennium

Name:	
Address:	
City/State/Zip:	
Phone number:	_
Email:	-
Church:	_
Amount of Scholarship requested (the full cost of Trienniun	n is \$465):
Please provide a brief paragraph in answer to each of the for if necessary, or if using a computer, attach a printed response	
1. Why are you interested in attending Youth Triennic	um?
2. How has Superstorm Sandy directly affected you ar	nd your family?
Pastor/Youth Leader Signature:	
Print Name: Conta	act Number: