|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | FBC UNTAMED STUDENT MINISTRY exists to reach students with the Gospel of Jesus Christ, to help students learn to follow Jesus, learn to love everyone like Jesus, and equip them to tell the world about Jesus. We accomplish this through Small Group Sunday School, Wednesday Night Worship, Disciple Life, Camps, Mission Activities, Weekend Retreats, and many other activities throughout the year.  In the event that a student is unable to participate in Centrifuge due to the lack of funds, a student may receive a grant if:   The student fills out a grant form   The parents/student sign the grant form   There are grant funds available   The student is in good standing with the church   The grant is approved | |  | |  |  | |  | | --- | | Centrifuge  GRANT | | |  | | --- | |  | | | [Company Name]  [Subtitle] | |

|  |  |  |  |
| --- | --- | --- | --- |
| Please fill out the following information:  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age \_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_  Number of students living in your home that are registering for Centrifuge:\_\_\_\_\_\_\_\_\_\_\_\_  Did you work the Fall 2016 Consignment Sale?  YES NO  If marked *YES*, was it the parent or student?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did you work the Spring 2017 Consignment Sale?  YES NO  If marked *YES*, was it the parent or student?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please list any volunteer service within the church that parent and/or student has done:\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | ***\*PLEASE NOTE\****  You will be required to pay a $50 deposit before the grant is approved. It can be paid online at our website: [www.fbcdickson.org](http://www.fbcdickson.org)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent(s)/Guardian(s) Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  **Please complete a form for each student living in your home that are applying for a Centrifuge Grant. Thank you!** |

|  |  |
| --- | --- |
|  |  |