



Date: _____

Scholarship Application For MOPS Childcare 2008-2009

Name _____

Address _____

City _____ State _____ Zip _____

Phone (work) _____ (home) _____ (cell) _____

Marital Status _____ Number of dependent children _____

Employment situation _____

Have you received a scholarship for MOPS before (circle one)? YES NO

Please state reason(s) you feel you need financial help: _____

I am able to contribute \$ _____ (minimum of \$10.00) towards the total cost of the 2008-2009 childcare expenses. To be paid by _____.

I have answered all of the above questions honestly. I understand that each application is looked at individually and evaluated by the Women’s Ministry Director and the MOPS Financial Coordinator. I also understand that this application is for the MOPS Childcare cost only and that I am responsible for the cost of the MOPS meetings which is \$4.00 for each meeting.

Signature: _____

Since I am receiving a scholarship I understand that I will be assigned to help on one of the MOPS committees. I understand that in this way I am also giving to a ministry that not only helps me, but also helps others. Please indicate your first and second choice:

_____ Set-up _____ Hospitality _____ Creative Activities _____ Clean-up

_____ Other (specify): _____

Signature: _____