LIVING hope CHURCH

Financial Peace University Scholarship Application

(Please print)

Name: _____
Date of Birth: _____
Address: _____
Phone # _____
Employer: _____
How many years employed with the current employer: ____

Status: ___Single ___Married

Name of Spouse (if married): _____
Date of Birth: _____
Address: _____
Phone # _____
Employer: _____
How many years employed with the current employer: _____

If married, is your spouse willing to attend with you? _____
If they are not willing to attend, why not? _____
_____

Number of children living with you: _____

How do you plan to bridge the financial gap between a potential scholarship and the remaining cost of the class? _____
_____
_____

Living Hope is offering up to a 75% discount to applicants for *Financial Peace University*. We ask that those receiving a scholarship honor the gift by participating fully in at least 12 of the 13 classes, the prerequisite for graduation.

If I receive a scholarship I commit to participate fully in the Financial Peace University course and attend at least 12 of the 13 classes required for successful completion.

_____ _____
Signature Date

* Please sign and return the scholarship request form to Living Hope's Main Office.