



**EZ Ostroff Boys Foundation
Youth Scholarship Application**

1. Applicant Information

Full Name: _____

Age: _____ Grade: _____

Youth Phone: _____

Youth Email: _____

2. Parent/Guardian Information

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

3. Event Information

Event Name: _____

Church/Organization: _____

Location: _____

Event Dates: _____

Type: ☐ Mission Trip ☐ Retreat ☐ Youth Trip ☐ Camp ☐ Conference ☐ Other _____

4. Financial Information

Total Cost: \$_____ Amount Requested: \$_____

Support from others? ☐ Yes ☐ No Amount: \$_____

Family contributing? ☐ Yes ☐ No Amount: \$_____

5. Short Answers (Youth)

Why do you want to attend this event?

How will this event help you grow?

Past involvement in youth/church activities?

☐ Yes ☐ No

If yes, describe:

6. Parent/Guardian Section

Why would this youth benefit from attending?

Anything else we should know?

7. Agreement & Signatures

I affirm all information is true and accurate.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Approved By: _____

Approved Amount: \$ _____

Notes: _____