

APPLICATION FOR SST SCHOLARSHIP

SECTION A: Personal Information

(Please print or type)

Name _____ Phone () _____
Last First Middle

Present Address _____
Street City State/Province Zip Country

Email _____ Sex _____ Date of Birth _____

Which SST Program do you want to attend? SST Phase 2 Phase 3 Program Dates _____

Estimated Annual Household Income \$ _____

SECTION B: Supplemental Questions

Please prayerfully and concisely answer the following questions on a separate piece of paper. Please print or type.

- A. Why do you want to do the SST Program?
- B. Why do you think you should qualify for a scholarship?
- C. What practical things have you done to raise money for SST?
- D. Are you willing to try to fundraise/work to supplement your scholarship?
- E. What type of a scholarship do you need? (Full – \$895, Half – \$450, Quarter – \$225, Partial – \$100, Other – state amount)

My signature below (and that of my parent or legal guardian if I am under 18) certifies that the information given in this application is, to the best of my knowledge, accurate and true.

Signature of Participant

Date

Signature of Parent or Guardian
(for participants under 18)

Date

Revised 03/2008



Please return form to

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