

Partnering For Eternity Application

Student Information

Student Name: _____ Grade _____

Address: _____

Phone Number: _____

Email: _____

Parent Name: _____

“Scholarship Mentor” Information

Name: _____ Age: _____

Address: _____

Phone Number: _____

How do you know this person? _____

How will you provide service to this person? _____

Why do you want to be a part of PFE? _____

(Initial agreement at the end of each statement)

- * Visit summary must be turned in the first day of school/8am each week. _____
- * Visit summary will be filled out completely and accurately. _____
- * Credit for visit will be given for week visit summary is turned in. _____
- * Visit to be made no more than 7 days before turning in visit summary. _____
- * Missing more than 2 consecutive weeks not due to illness/absence of SM may result in being dropped from the program. _____
- * I will visit and do service for my SM for at least 1 hour each week. _____
- * My service time will not be during a church service, programs, movies, etc. _____
- * My parents will be with me/be responsible for me during my service time. _____
- * I will write an essay as described in the contract, to be turned in 4 months after acceptance of my application. _____
- * I will be awarded \$25/visit up to \$100 per month toward my tuition. _____

By signing below, my parents and I understand and agree to the requirements of the PFE scholarship program.

Student Name: _____ Date: _____

Parent Signature: _____ Date: _____