

SECOND CONGREGATIONAL CHURCH OF WARREN  
252 Main Street – Warren, ME 04864 (207) 273-2338  
www.SECONDCONGREGATIONAL.org

MICHAEL MOORE SCHOLARSHIP APPLICATION & AGREEMENT

I accept and understand that to receive a scholarship from the Michael Moore Scholarship Fund. I will be attending a Christian Camp.

If applying for Michael Moore Scholarship Funds for a class, lecture or a non Christian Camp of any type, the approval of Michel Moore Scholarship funding will be decided by the Board of Chrisian Education.

*Scholarships will be considered between the ages of eight and 21 years old.*  
Recipient must have an afflation with SCCWM and be sponsored by an *active member*. OR an active member may request Michael Moore Scholarship Funding on behalf of a camp, class or lecture attendee.

Active Member Name: \_\_\_\_\_

\*\*\*\*\*

Today's Date \_\_\_\_\_

Scholarship Recipient Name: \_\_\_\_\_

Active Member Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Your age \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_

Tell us about yourself: \_\_\_\_\_

\_\_\_\_\_

Name of the camp, lecture or class, \_\_\_\_\_

Please write a brief description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Mailing Address of the camp, lecture or class: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date(s) of camp, lecture or class: \_\_\_\_\_

Total cost: \_\_\_\_\_

Would you be willing to share your camp experience with the church? Y or N

Any other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Office use only:** Date received \_\_\_\_\_ Scholarship amount \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Please note, if your scholarship is approved, it will be mailed directly to the camp unless other arrangements are made in advance.**

**\*Your scholarship request will be reviewed, and a decision will be made within seven to ten days.**

***Created January 2025***