## Church Scholarship



**Note:** This application is to be in the DAA business office on or before August 1, completely filled out and properly signed. If the church fails to pay, the parent becomes responsible for that amount.

Name of student:		School Year:	
Name of donating chu	rch:		
The church plans to donate for this student: \$		per ye	ear. The donation will be paid:
\$Once for t	he year? \$ Once per	semester (X2)? \$	Or Once per month (X10)?
If paid once per semes	ar, the payment is due by Aug ter, the first payment is due A he first payment is due by the	august 31, and the seco	nd is due January 31. arting with August and through May
Name of Church Treas	urer (Please Print legibly)		
Signature of Church Tr	easurer:		
Name of Pastor / or Ele	der: (Please Print)		
Signature of Pastor or	Elder:		
Date:	Phone # of Pastor/I	Elder	
Church Contact info:	Church Name:		
	Billing Address:		
200	City:	State:	Zip:
COL	Church Phone:		
MEMS	Church Email:		

This form can be emailed to: info@mydaa.org

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