

Access Self Storage
Youth Activity Scholarship Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

Name of Church: _____

Activity Representative: _____ Phone Number: _____

Description of Activity:

Date of Activity: _____

Amount needed: \$ _____

Please explain your need:

Student Signature

Parent/Guardian Signature

Activity Representative Signature