



# YOUTH MINISTRY

## at St. John's

211 North Monroe Street Tallahassee, Florida, 32301 - 850.222.2636 - [www.saint-john.org](http://www.saint-john.org)

## MISSION SCHOLARSHIP APPLICATION

**Return this form to:** Mtr. Leslie Roraback, Associate Rector ([leslie.roraback@saint-john.org](mailto:leslie.roraback@saint-john.org))

### Youth/Participant Information:

Name: \_\_\_\_\_

### Parent/Guardian Information:

Name(s): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Scholarship Amount Requested:

Amount: \_\_\_\_\_

### Community Covenant:

I promise to abide by the expectations of our Youth Mission.

I will abstain from alcohol, tobacco products, and drugs of any kind not prescribed to me. I will abstain from using or bringing any weapon or explosive. I will abstain from any inappropriate sexual or violent behavior.

I will uphold the community covenant to:

- Be **PRESENT** in mind, body, and spirit and participate fully in activities with a positive outlook.
- Be **SAFE** at all times and respect safety guidelines set for me by adult leaders.
- Be **RESPECTFUL** of all people, property, and ideas different from my own.

I understand that these expectations are set forth for my benefit and the benefit of the entire community, with efforts to make this event the best it can be. If I fail to uphold these promises, I understand that the appropriate consequences will be enforced, including, but not limited to, being asked to leave the event.

I commit to participate in all team meetings prior to the team's time in Quito and to help with group fundraisers.

Youth Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_