

SCHOLARSHIP REQUEST

Thank you for choosing the Spiritual Life Center. Please fill out the following information and return to the Spiritual Life Center, 7100 E. 45th St. North, Wichita, KS 67226

Program Name _____

FULL SCHOLARSHIP _____
PARTIAL SCHOLARSHIP _____

First Name _____

Last Name _____

Address _____

Street _____

City _____ State _____ ZIP _____

Home Phone _____

Cell Phone _____

E-mail _____

Parish _____

Briefly explain your need for a scholarship:
