



# Scholarship Request Form

*This form will be kept confidential! It will only be seen by the Lay Director/Registrar/Big House Coordinator & Community Treasurer.*

**Purpose:** The purpose of this scholarship is to assist community members financially.  
This scholarship is applied to Caterpillar, Team, & Big House fees only and will be sent directly to the Treasurer.

*The Mountain Top Chrysalis Scholarship fund is limited to the generosity of the community, so it is requested that you attempt to find an individual, church, or a reunion group to help financially support your need before requesting it from the community.*

**TEAM MEMBER:** Return this form to: \_\_\_\_\_  
Lay Director for Chrysalis Flight # \_\_\_\_\_ by \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**BIG HOUSE:** Return this form to the Big House Coordinator at the beginning of the weekend.

**SPONSOR:** Please include this form with your caterpillar's application if you are requesting a scholarship.

**Requestor's Name:** \_\_\_\_\_

**Requestor's Church:** \_\_\_\_\_

**Caterpillar's Name (if requested by a sponsor):** \_\_\_\_\_

Caterpillar's Church: \_\_\_\_\_

**Statement of financial need:** \_\_\_\_\_

Have you received a Mountain Top Chrysalis Scholarship in the past? YES NO

**Signature of Person Requesting Scholarship:** \_\_\_\_\_

**Scholarship with Partial Payment or Third Party Financial Support Information:**

<b>Sponsor/Team Member will pay:</b>	\$ _____	Payment enclosed: YES NO	<i>For MTC Treasurer:</i> Date Rec'd: _____
<b>Church will pay:</b>	\$ _____	Payment enclosed: YES NO	Date Rec'd: _____
<b>Reunion Group will pay:</b>	\$ _____	Payment enclosed: YES NO	Date Rec'd: _____
<b>Other will pay:</b>	\$ _____	Payment enclosed: YES NO	Date Rec'd: _____
<b>Total Scholarship Amount Requested:</b> \$ _____			

**Payment Plan Requested:**

- TEAM MEMBER:** I will make 4 equal monthly payments of \$21.25
- SPONSOR:** I will make 4 equal monthly payments of \$18.75
- BIG HOUSE:** I will make 4 equal monthly payments of \$10.00

Initials of payee: \_\_\_\_\_

My Payments will begin on: \_\_\_\_\_

And end on: \_\_\_\_\_

**Please mail your monthly payments to:**

Mountain Top Chrysalis  
Attn: Treasurer  
PO Box 1096  
Bryson City, NC 28713

Registrar's Initials: _____	Received on: _____
BH Coordinators's Initials: _____	Received on: _____
Lay Director's Initials: _____	Received on: _____
Treasure's Initials: _____	Received on: _____