

**Mops Scholarship Application  
Highland Community Church**

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number:  
\_\_\_\_\_

Occupation:  
\_\_\_\_\_

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

Husband's Occupation:  
\_\_\_\_\_

Children's Names and Ages:  
\_\_\_\_\_  
\_\_\_\_\_

Why I need a Scholarship:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you afford to pay a partial fee? If so how much?  
\_\_\_\_\_

Please Return to:  
Highland Community Church MOPS  
1005 28<sup>th</sup> Ave  
Wausau, WI 54401

If you have further questions, please contact Amanda McLellan at 715-212-3643