



HIGH FIVE 2025 SCHOLARSHIP APPLICATION

Each section of this scholarship application must be filled out to be eligible for consideration. Failure to do this will result in disqualification from the scholarship.

Name: _____

Child(ren) Name(s) & Age(s): _____

Email: _____

Phone: _____

Are you a regular attender at BRAVE Church? Yes No

- If yes, how long have you been attending? _____
- Which campus? _____
- Do you serve on a serving team at BRAVE? Yes No
- If yes, where? _____

How many children are you planning to register? _____

How much are you able to pay? _____

Are you able to serve at High Five? _____

- If no, why not? _____

Note: Serving will result in a larger discount. There are many ways to serve, both during the week of High Five, as well as administrative preparations beforehand.

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In one or two paragraphs please elaborate any unique or unusual situations you're facing that are contributing to your financial challenges.

Lined area for writing the response.

Signature _____

Date _____

Please send this to your respective campus representative:

- Englewood:** mwilliams@brave.org
- Westminster:** joemartinez@brave.org
- Colorado Springs:** cvrolijk@brave.org

You will be contacted by the High Five Leadership to discuss your scholarship request. **All Scholarship requests will take 2-3 business days to process.**