



Scholarship Request Form

Welcome to MOPS! Please complete this form so that we can respond to your request for a scholarship.

Last name: _____ First name: _____ M.I.: _____

Home phone: _____ Work/Other phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____ E-mail: _____

Have you attended a MOPS group before? Yes No

If so, where? _____

Are you registered for the MOPS to Mom Connection through MOPS International? Yes No

Do you attend a church? Yes No

If so, where?

How did you hear about this MOPS group?

Please list your child(ren)'s names and birth dates:

Name: _____ Date of birth: _____ Male Female Enrolled in
MOPPETS Yes No

Name: _____ Date of birth: _____ Male Female Enrolled in
MOPPETS Yes No

Name: _____ Date of birth: _____ Male Female Enrolled in
MOPPETS Yes No

Name: _____ Date of birth: _____ Male Female Enrolled in
MOPPETS Yes No

Husband's name (if applicable): _____ Anniversary date: _____

Reason for requesting scholarship _____

Would a partial scholarship be helpful? _____

For MOPS Group Use Only:

Date request received: _____

Response: _____

Discussion Group assigned: _____

Date Registered for the MOPS to MOMS Connection _____