Spotsylvania Presbyterian Church Youth Ministry

REQUEST FOR FINANCIAL ASSISTANCE

Check here if you would like names kept confidential (shared only w/ youth director & youth elder).

1. Name of student(s) _____

Name of student's parent(s) _____ Phone _____

* If not a parent, name of adult filing this request on behalf of student:

_____ Phone _____

2. For which activity/trip are you requesting financial assistance? (Check one.)

Mission trip
Summer Camp (Ligonier)
High School Weekend Retreat
Middle School Weekend Retreat

Dates of activity/trip: _____Cost of activity/trip:_____Amount requested: _____

3. Please indicate reason(s) that you are requesting financial assistance:

Siblings participating in same church sponsored activity.
Siblings participating in different (middle & high school) church sponsored activities in same year.
Other (Please explain. Use back of form if more space needed)

_____

_____

_____

4. Check all of the following that apply:

I (student and/or parents) have participated in past fundraisers including: _____
I (student) am willing to participate in future fundraising activities.
I (parent) am willing to participate and/or assist in future fundraising activities.
I (student) am willing to write an essay describing my experience during this trip/camp/retreat.
I (student) am willing to share with the congregation a brief testimony about my experience.
I (student or parents) have another idea! _____

Signature of parent (or adult from line 1.*) _____ **Date:** _____

Signature of student (s) _____ **Date:** _____

For Youth Ministry Team Use Only:

Amount of Financial Assistance from:

DF: YM	Youth Camp	$_____
DF: YM	Youth Mission Fund	$_____
DF: YM	Scholarship	$_____
DF: YM	Discretionary	$_____
	Total Assistance	$_____

Elder Signature: _____ Date: _____