

Pleasant Ridge Church of Christ
Financial Assistance Application

Child's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Pleasant Ridge Church of Christ Membership status: _____ Member _____ Guest (Non-Member)

Activity or Event for which financial assistance is requested: _____

Cost of Activity or Event: _____

I need to pay later. I can pay \$_____ now and will pay \$_____ by _____.
(date)

I can pay \$_____ now and need financial assistance for \$_____.

Please give a brief description of the circumstances relating to this request. All information will be kept confidential.

Signature of Parent or Guardian

Date of Application

Approved by: _____

Date: _____