

# STUDENT MINISTRY FINANCIAL ASSISTANCE FORM

Please use this form to request financial assistance for a specific purpose or need. Answer the questions below, and be as specific as possible.

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Event or purpose for which financial assistance is requested: \_\_\_\_\_

\_\_\_\_\_

Date of event \_\_\_\_\_ Total event cost \$ \_\_\_\_\_

What part of the total amount are you going to be responsible for paying? \$ \_\_\_\_\_

What part of the total do you need assistance in paying? \$ \_\_\_\_\_

Reason for request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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For office use:

Total assistance granted: \$ \_\_\_\_\_

Pastor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payment: \$ \_\_\_\_\_ Check # / date \_\_\_\_\_ Other \_\_\_\_\_

GL Account: \_\_\_\_\_