



GC Student Financial Assistance Request Form (CONFIDENTIAL – GC Student Staff ONLY)

We don't want a lack of funds to prevent any student from participating in valuable spiritual growth opportunities. However, funds are limited, so we offer a screening process for financial assistance.

Student's Name: _____ Today's Date: _____

Parents' Names: _____

Student's Grade: 6 7 8 9 10 11 12 Graduate

GC Student Participation

- 1st time event with GC Student Programs
- Occasional attendee of GC Student Programs
- Regular attendee of GC Student Programs

Event in which you desire to participate: _____

Cost of event: _____ Amount you're ABLE to pay: _____

Amount of assistance requested: _____

Parent Phone: _____ Parent E-mail: _____

Reason for Financial Need: (please mark all that apply)

- Loss of job
- Major medical difficulties and/or bills
- Household income matches the following chart:

Household Size*	Maximum Gross Income Level (Per Year)
2	\$30,000
3	\$38,000
4	\$46,000
5	\$53,000
6	\$61,000
7	\$69,000
8	\$76,000

- Household special circumstances. Please indicate hardship.

Ideas to raise funds:

1. *Ask extended family for financial gifts for this event.*
2. *Do small jobs or seek employment and save.*
3. *Ask members of adult LifeGroup to help with funds.*

All Member of GC Student Ministry Staff will contact you as soon as possible.