

2023 LIFT Financial Assistance Request



CORAM DEO
STUDENTS

Student(s) Information:

Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____

Parent Information:

Name(s): _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Phone: (_____) _____ - _____
Email: _____

Do you attend Coram Deo Bible Church?: _____ Frequency (Times per month): _____

Please indicate below what your financial assistance needs are:

_____ I am able to pay the full amount for LIFT but will need to make 2 payments. I can make \$_____ as a down payment, with full payment being made by May 1, 2023.

_____ I am unable to pay in full, but I can pay \$_____ towards the cost.

Reason for Financial Assistance: _____

Signature: _____ Date: _____

Please return the completed form in person, by mail, or email to Student Ministry staff. All requests must be reviewed for approval.

STAFF ONLY:

Approved by: _____ Date: _____