

Application for Financial Assistance Iowa District West Youth Events

Important Information:

- * **This application is to be completed by the pastor or church professional of the youth attending.**
Use a separate application for each youth.
- * The applicant must be a member of an Iowa District West, LCMS, congregation.
- * In the space provided (#3), explain the reason this youth is in need of financial assistance and any special circumstances that pertain to that need. This section must be completed.
- * **The policy of the Iowa District West Youth Services Committee is to award a maximum of 50% of the registration fee.** Please apply only for the assistance genuinely needed.
- * Families and congregations are to have primary financial responsibility.
Please indicate the amount the congregation is able to contribute.
District assistance is intended to supplement the family's and local support.
- * Send the completed application by the event registration deadline to:

**Mail: Youth Department
Iowa District West, LCMS
409 Kenyon Road, Suite B
Fort Dodge, Iowa 50501**

Email: emilie@iowadistrictwest.org

Applicant Information (please print or type)

Date of Application _____
Name of Youth _____
Parent(s)/Guardian _____
Home Congregation _____ Town _____

Financial Need (fill out completely)

- 1) Check the event the applicant will attend:
Cub Week 1 ___ Cub Week 2 ___ Jr. High Week ___ Youth Week ___
Jr. Youth Gathering ___ Sr. Youth Gathering ___
- 2) Cost of the event: \$ _____
Amount the congregation is able to provide: \$ _____
Amount of assistance requested: \$ _____
- 3) Explanation of the need/special circumstances: _____

- 4) Signature of pastor/church professional: _____

* * * * * **District Use** * * * * *

Signature of District Executive: _____ Amount Awarded \$ _____