

Harvest Bible Chapel Peoria **Application for Financial Assistance**

If you need financial assistance to participate in a ministry event at Harvest, please fill out this application and return it along with your event registration form to the appropriate pastor or director. (Please note that this information will remain confidential.)

Event _____

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

We do ask that you contribute a portion of the cost for the event if you are able.

____ I am able to pay for half of the current cost which is \$_____.

____ I am unable to pay half, but can pay \$_____ towards the cost.

____ I am unable to contribute towards the cost of the event at this time.

Parent/Guardian Signature _____

Date _____

