

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 Kate Minehan. (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 _____

