



Application for Financial Assistance

If you need financial assistance to participate in a ministry event, camp or retreat at Harvest, please fill out this application and return it along with any registration forms to the appropriate pastor or director.

****THIS INFORMATION WILL REMAIN CONFIDENTIAL****

Event _____

Participant's Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Please check and fill out the desired assistance:

___ I am able to pay \$ _____ now and will pay the remainder by _____ (date)

___ I am able to pay for half of the current cost in the amount of \$ _____

___ I am able to pay \$ _____ towards the cost.

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

Signature of Participant (or Parent/Guardian if participant is under 18):

Date _____