

Application for Financial Assistance to 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:

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

Applicant Information (please **print** or type)

Date of Application _____

Name of Youth _____

Parent(s)/Guardian _____

Home Congregation _____ Town _____

Financial Need (**fill out completely**)

1) Circle the event the applicant will attend:

Cub Week Junior High Week
Youth Week Youth Gathering Jr. 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: _____

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District Executive's Signature: _____ Amount Awarded \$_____