

St. Paul's UMC
Individual Financial Assistance Program
for Children/Youth/Adult Camp/Mission Trip
Approved March 18, 2012

Policy Statement

It is the intent of St. Paul's UMC to provide financial assistance to children/youth/adults who desire to attend a United Methodist sponsored camp/event or a St. Paul's UMC mission trip. All requests will be prayerfully considered on a case-by-case basis. Financial assistance will be granted based on availability of funds and how well the applicant meets the selection criteria. The Scholarship/Grant Committee will determine the eligibility and the amount awarded.

The Individual Financial Assistance fund is dedicated to those who need additional financial support and does not involve any monies raised by a group for the purpose of setting the cost of the trip or camp.

The following guidelines are used for this determination:

1. Financial need of the family
2. Number of family members attending the same event
3. Applicant's level of involvement at St. Paul's UMC
4. Applicant's explanation of hoped for gains from the event

All grant monies will be directed to the applicant's designated account at St. Paul's UMC and will only be used for the approved purpose. If the applicant cannot attend the event, all funds will be returned to the Individual Financial Assistance Program at St. Paul's UMC.

General Guidelines

- Grants are for the applicant only. If more than one member of a family is participating in the event, each applicant will need to complete a separate form.
- The application only covers the event listed. If financial assistance is needed for another event, a new application will need to be completed.
- Applications are due two months prior to the event.
- Submit completed applications to the Church Office. Forms will be forwarded to the Scholarship/Grant Committee Chair.

St. Paul's UMC

Application for Individual Financial Assistance

(Form for Children, Youth, or Adults participating at a UMC Camp or St. Paul's Mission Trip)

Date of Submission: _____

Applicant's Name:	
Email:	
Phone Number:	

If applicant is a dependent, please give information for parent(s) and/or guardian(s) who should be contacted:

Name:	
Mailing Address:	
Email:	
Phone Number:	

Check the one that applies:

Applicant's relationship to St. Paul's: _____ member _____ regular attendee _____ visitor

Event/Mission applying for: _____

Dates of Event/Mission: _____

Please specify amounts for this event:

Total Individual's Cost for the event:	
Amount invested by the applicant (minimum co-pay 20%):	
Amount invested by others:	
Other Funds Received: (Source: _____)	
Total remaining:	
Amount of assistance needed:	

Please describe the applicant's current and past level of involvement with St. Paul's UMC.

Which programs does he/she attend? List the level of involvement for each activity (regularly, half the time, sporadic).

Briefly explain what the applicant hopes to gain from this event/mission:

Please give a brief explanation about why the applicant needs financial assistance.

List other family members also attending the same event/mission:

I (We) attest that the above information is true and accurate and that a legitimate financial need exists.

Applicant's signature: _____ Date: _____

Parent/Guardian Signature*: _____ Date: _____

*(if applicant is below the age of 18)

Submit application to the Church Office. The chair of the Scholarship/Grant committee will notify the applicant of the committee's decision.

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Approved _____ Amount _____ Date _____

Denied _____ Reason for denial _____

Scholarship/Grant Committee Chairperson signature: _____

Date Applicant notified: _____

Date Form forwarded to Business Manager : _____

Date Grant processed by Business Manager: _____