



NTS Camp Application for Financial Assistance

(Please print clearly)

At Generations, we never want finances to be the main reason as to whether or not students will be able to participate in certain ministry activities or trips. That is why we set up financial assistance for specified events. However, due to the number of events each year, the number of students who request financial assistance, and the amount of funding available, we have developed this application to help us determine how to best distribute the aid. **Return it to the Office no later than April 3, 2023.**

After reviewing the number of applications received, we'll contact you to let you know if and how we are able to help. We are not able to guarantee financial assistance, but we do promise to do our best. Please know that all financial assistance awards and information are confidential. We ask for your help in this as we would never want to embarrass a student or family. We thank you for your promptness in returning this application as funds are limited.

Student's Name: _____ Parent/Guardian Name: _____

Student's Phone Number: _____ Parent/Guardian Phone Number: _____

Student's Email: _____ Parent/Guardian Email: _____

What ministry areas are you (the student) actively a part of? (Ex: Generations Youth, weekend attendance, serving teams)

What ministry areas are you (the parent) actively a part of? (Ex: weekend attendance, serving teams, LIFE groups)

Total Cost of NTS (Never the Same Camp): \$385 (this pricing good thru 5/7/23), \$75 off available for the first 50 students

At this time, how much \$ can you (parent) contribute towards payment of event? _____

At this time, how much \$ can you (student) contribute towards payment of event? _____

What other ideas do you have for how you might raise the funds needed for this event?

Have you received financial assistance from Generations in the past? If so, in which way(s)?

Please give us a brief overview of the circumstances that led you to request financial assistance. **(Use back if necessary)**

Would you be interested in receiving information from the following ministry?

- Financial Peace Yes No

Would a payment plan allow you more financial ability with this YOUTH event? Yes No

Student Signature _____ Date _____

Parent Signature _____ Date _____

OFFICE USE:

Date Application Received: _____ Scholarship Amount: _____ Date Family Notified: _____