



FINANCIAL ASSISTANCE

2018 Financial Assistance Form

Because High Hill Christian Church (HHCC) believes that our events are investments into each student's relationship with Christ, HHCC desires to help connect students in genuine financial need with available financial assistance funds. To apply for assistance, students must complete all the sections of this application and submit to the HHCC office two weeks before registration deadline. Applications will then be used to help determine the best course of stewardship for available financial assistance funds. The amount of financial assistance funds is limited. There is no guarantee of awarding assistance to each applicant. A team will review applications, and applicants will be notified of awarded funds. Applicant identity and personal application information are kept confidential.

PARENTS INFORMATION:

Name: _____
Email: _____ Phone Number: _____
Address: _____ City: _____ State: _____
Zip: _____

STUDENT INFORMATION:

Name: _____
Birthday _____ Age: _____ Grade: _____
Does your student regularly attend HHCC: _____ If not, what church does your student regularly attend: _____

Student: Please write a short paragraph on why you would like to attend this event.

Parent: List any special circumstances that affect your ability to pay for this event.

What percentage of the total event cost can you contribute? 25% 50% 75%

What amount of financial assistance are you requesting? 25% 50% 75%

I ACKNOWLEDGE THE SUBMISSION OF THIS APPLICATION FOR HHCC EVENT ASSISTANCE, AND AFFIRM THE ACCURACY OF THE INFORMATION IN THE PARENT INFORMATION SECTION.

I UNDERSTAND THIS APPLICATION MUST BE SUBMITTED TWO WEEKS BEFORE EVENT.

I UNDERSTAND THAT THIS APPLICATION IS SUBJECTIVE TO APPROVAL AND THAT SUBMITTING IT DOES NOT GUARANTEE FINANCIAL ASSISTANCE.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____