Youth and Adult Empowerment
YEA Grant Reimbursement Application

Keystone CONFERENCE UNITED CHURCH OF CHRIST

Youth Empowerment Adult

				Date of Application:	
Name:				Youth: ◯	Adult: ◯
				Youth Date of Birth:	
Address:					
Phone:		Cell Phone:		Email:	
Church:					
Address:				Phone:	
Name of Event:					
Date(s) of Event:				Registration Fee:	
Additional Costs (Please Itemize):*					

**Additional costs will not necessarily be subsidized but may be considered, depending on available funds.*

Please attach supporting documentation (Registration, Receipts, etc.).

Send grant to: Church: ◯ Parent: ◯ Applicant: ◯

Why do you want to attend this particular event?

Tell us about your involvement in your church. In what activities do you participate?

How will you share about this event in your local churches and in the wider church? *(Youth applicants may wish to discuss options for this with their pastor)*

For youth, kindly ask your pastor to write a few sentences recommending you for the event in which you plan to participate.

Applicant Signature:	
Parent/Guardian Signature: (If under 18)	
Pastor Name:	
Pastor Signature:	

For Committee Use Only

Date Reviewed: _____

◯ Approved Amount Approved $_____

Comments: _____

Source of Funding: _____

◯ Not Approved Reason:_____

Date Decision Letter Sent: _____