

JOHN KNOX PRESBYTERY

**5.4980 - YOUTH PARTNERSHIP
APPLICATION FORM**

Name of Individual or Congregation requesting funding.

Address

Telephone

If individual, name of Church

If congregation/s, name of contact person & telephone.

Describe event or program where Youth Partnership Grant will be used. (Enclose flyer, if available.)

Total Cost of Event/Program _____ Amount Requested _____

Date you need to receive funding? _____

How will your/group participation in this Event/Program encourage growth in discipleship?

How will learnings be utilized? _____

Return to: Fiscal Operations Task Force
John Knox Presbytery
P.O. Box 350
Richland Center, WI 53581