St. John's Lutheran Church Student Fund Application

Name of person/organization Making Request:

Name of Program/Event:

Date(s) of Event:

Date of Request:

**Costs:**

Registration/Tuition (Actual Costs) $

Lodging (Maximum Allowance $80.00 per day) $

Food (Maximum not to exceed $25/per person/per day) $

Other $

Please explain:

**Total** $

**NOTE: Gas and/or Mileage is not a reimbursable expense.**

REQUEST GRANTED YES NO

AMOUNT APPROVED

Date

Signature of Student Fund Chairperson

* Please attach documentation explaining event
* Please submit all receipts upon your return
* You will be invited to give a brief report of your experience/impressions after attending this event to the Student Fund Committee and/or the Congregation.