

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.