



PENN NORTHEAST CONFERENCE UNITED CHURCH OF CHRIST

"Empowering Our People For Ministry"

431 Delaware Avenue, Palmerton, PA 18071

610.826.3113 610.826.5464 FAX barbaraj@pniec.org

Date of Application: _____

Name: _____ Youth _____; Adult _____

Address: _____

Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: ___/___/___

Church Name: _____ Church Location: _____

Church Phone: _____

Event for Which You Seek Financial Assistance: _____

Date of Event: ___/___/___ to ___/___/___ Event Registration: \$ _____

*Additional Costs (please itemize): _____

Please send YEA Refund to: _____ Church; _____ Parent; _____ Self
~~~~~

1. Why do you want to attend this particular event?
  
2. Tell us about your involvement in your church. In what activities do you participate?
  
3. How will you share about this event in your local churches and in the wider church? *(Applicant may wish to discuss options for this with your pastor)*
  
4. Kindly ask your pastor to write a few sentences recommending you for the event in which you plan to participate.

**Please complete all of the above areas, sign the appropriate signatures below, and return completed form to:**

**ATTN: YEA Fund, PNEC, 431 Delaware Ave., Palmerton, PA 18071**

APPLICANT SIGNATURE: \_\_\_\_\_

PASTOR SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN (if under 18) SIGNATURE: \_\_\_\_\_

*\*Itemized costs will not necessarily be subsidized but may be considered depending on available funds.*