

**BlytheField Hills Baptist Church
Student Ministries
Request for Trip Assistance**

Date: _____

Name: _____ Phone:(Hm) _____ Cell: _____

Address: _____ City: _____ Zip: _____

Age: _____ Date of Birth: _____ Gender: (circle one) Male / Female

Trip(s) you are requesting help with _____

Trip(s) you have attended in the past six months; and trips you plan to attend in the next six months.

List all possible sources of financial help **you have already** sought (i.e. parents, grandparents other family members).

Have you participated in either the Scripture Memorization or Getting into God's Word plans to earn money toward a trip? _____ If yes, how much did you earn? _____

If no, are you willing to participate in the 'Earn Cash for Trips' programs offered? _____

Amount you are able to contribute (other than the above)? _____

Do you attend BlytheField Hills Baptist Church (BHBC)? _____ Are you in a small group? _____

What area(s) have you been involved with at BHBC? _____

IF AMOUNT OF ASSISTANCE REQUESTED EXCEEDS \$100 PLEASE FILL OUT THE INFORMATION BELOW

Occupation (if employed) _____

Place of employment or school attending _____

INCOME:

Your Position at Work _____ Your Hourly Wage \$ _____

Your Take-Home Pay (per check) \$ _____

TOTAL MONTHLY INCOME FROM ALL SOURCES: \$ _____

Student Signature

Parent Signature (if student is under 18 yrs old)