

**The North Carolina Conference United Methodist  
Youth Application for Funding Assistance**

**Steps to obtaining financial assistance are as follows:**

1. Complete a registration form for conference youth event online at [nccumc.org/youth/events/register](http://nccumc.org/youth/events/register).
2. Deposit for event must be paid online or by check, mailed to the above address, before funding assistance application can be reviewed. (ALL Checks are to be made payable to NCCUMC Youth Ministries and should have youth name and event in memo line.)
3. Contact your local United Methodist Church.
4. Review the application for funding assistance with the local pastor or local youth director to secure local church financial support.
5. Return Completed Application for funding assistance to the below address or you may scan the form and email it to [youth@nccumc.org](mailto:youth@nccumc.org).  
NCCUMC Youth Ministries:  
700 Waterfield Ridge Place  
Garner, NC 27529
- 6. Please attach a letter from Youth Minister/Pastor discussing what the applicant has done to secure funds and why the applicant should receive the scholarship.**
7. The Application for funding assistance will be reviewed by the CCYM Chairperson and Ani Simpkins four weeks prior to the event date.
8. Parents will be notified of the availability of funds.
9. Parents/Guardians provide remaining balance of registration of the event.

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**Youth Name:** \_\_\_\_\_

Date youth received email confirmation of their event registration: \_\_\_\_\_

Youth Address: \_\_\_\_\_

Youth Phone: \_\_\_\_\_ Youth Email: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

**Home Church:** \_\_\_\_\_

District: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Pastor Name: \_\_\_\_\_

Event(s) you wish to attend: \_\_\_\_\_

- Global Vision-TBD
- ACS- \$285
- Breakaway- \$285
- Kaleidoscope- \$110



**Pastor Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

Parent \_\_\_\_\_ (*name*) will pay the deposit for the above mentioned events and requests matching financial assistance of up to \$150.00 from the NC Conference United Methodist Youth Ministries. Circumstances described above are accurate and true. I understand that I will be responsible for any remaining funds needed at the time of registration and I understand that if funds are not available to meet this need, I may request a refund of the deposit and withdraw my youth's registration.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

-----For Office Use Only-----

Date received: \_\_\_\_\_ Remaining balance due at registration: \$ \_\_\_\_\_

Total of funds needed for event(s): \$ \_\_\_\_\_

Funds provided by Local Church: \$ \_\_\_\_\_

Deposit paid: Yes \_\_\_ No \_\_\_

The following funds have been approved by the NC Conference United Methodist Youth Ministries, \$ \_\_\_\_\_.

**Approved by (Name)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_