

**Catholic Area Faith Community of  
Jesus Our Living Water**

**FINANCIAL AID APPLICATION**

Please indicate your membership:

- |  |  |
|--|--|
| <input type="checkbox"/> Church of Our Lady of the Lakes, Spicer | <input type="checkbox"/> Church of St. Mary, Willmar             |
| <input type="checkbox"/> Church of St. Patrick, Kandiyohi        | <input type="checkbox"/> Church of St. Thomas More, Lake Lillian |

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

Reason for requesting funds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total cost of event: \_\_\_\_\_

Amount subsidized by AFC/Parish: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Youth Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

.....  
Church action taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

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