

APPLICATION FOR FINANCIAL AID ATTENDING 2024 AACCC Retreat

Applicant: _____ Date of application: _____

Ministry/Fellowship Group: _____

Conference/Course Information:

Event/Course/Institution: _____ **2024 AACCC Church Retreat** _____

Venue: _____ **Michindoh** _____ Date (From/To): _____ **5/24-26/2024** _____

Please select one (only for applicant attending the event **FULL-TIME**):

____ I have financial need to pay 50% (= **\$60**) of Conference Cost (in shared room with others in Cabin Style housing)

____ I have financial need to have support in addition to 50% of Conference Cost.

Total support requested: \$ _____

Applicant signature: _____

(Signature & Date)

Recommendation by ministry/fellowship leader: _____

(Signature & Date)

(For Office Use Below)

Application Received: _____

Reference #. _____ DLT Evaluation Date: _____

Decision: _____

Additional Comments: _____