



Financial Assistance Request Form

If you are in need of financial assistance, please fill out this application and return to the LYONS office. Information included in this form will only be seen by LYONS staff and your pastor and is fully confidential.

Youth Name _____ Date _____

Event _____

Partial ___ Full ___ amount requested \$ _____

To help us understand your situation, please explain need for financial help:

With questions, contact Megan or Bryant in the LYONS office (206) 706-5997