



6045 Century Oaks Drive, Chattanooga, TN 37416
(423) 553-7255 Phone (423) 899-7055 Fax

Applicant's Name: _____ Date ____/____/____

Mailing Address: _____

City _____, State _____, Zip Code _____

Phone Number: (____) ____-____ Age _____ Birth date ____/____/____

Sponsoring Associate: _____ Location: _____

Relationship to Associate: _____

Name of activity to be attended: _____

Phone Number (____) ____-____ Date(s) of Activity ____/____/____ to ____/____/____

Address of activity: _____

City _____, State _____, Zip Code _____

Brief Description of Activities:

Applicant's Signature (If Possible) _____ Sponsor's Signature _____

Program Cost: \$ _____ Funds requested from Acts Outreach Ministry \$ _____

Please attach any information that is available to assist in the request evaluation.

Criteria for Assistance

- 1. Activity must be Christian based.
- 2. Applicant should be a youth or young adult.
- 3. Application should be received at least 60 days prior to the activity.
- 4. **REQUESTS WILL BE EVALUATED IN THE ORDER RECEIVED.**

If assistance is needed to locate an activity, please contact the Ministry Administrator