

**Lutheran Youth Summer Programs Grant Fund  
St. John's Lutheran Church**

**Parents Name** \_\_\_\_\_

**Student Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Camp/ Program Attending (attach brochure)**

\_\_\_\_\_  
**Year** \_\_\_\_\_

**Grant Amount requested (up to \$1,000)** \_\_\_\_\_

**Please attach a brief account of why you are applying for this grant and what the grant would mean to you with this application. Please include a proposal on how you would like to share your experience with the congregation.**

**Parent's signature** \_\_\_\_\_

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

**Please return this completed application to the church office or mail to:  
St. John's Lutheran Church  
Attn: Youth Summer Grant Program  
587 Springfield Ave  
Summit, NJ 07901**