



Event Financial Request

In order for the SBCV Studentz to be good stewards of the money that has been graciously given to us by partnering churches, we must be wise in how we allocate those funds back to local church student ministries. To receive SBCV funds, certain criteria must be met.

- The application below must be completed and mailed/faxed to SBCV.
- All requests must be made at least 2 months in advance of the event/program in question, preferable before it is even planned.
- If funding is granted, a written report (provided below) must be turned in to the SBCV office stating the results and outcome of the event/program.

Completing this application in no way guarantees your request to be approved, but all completed forms will be reviewed and responded to in a prompt manner.

Name of Church: _____

Name/Position of Applicant: _____

Name of Event: _____

Dates: _____

Time: _____

Cost per Participant: _____

Brief description of event: _____

Has this event been done before? (yes/no)

If yes, have we funded this event before? (yes/ no) How much? _____

What is the total estimated cost of the event? _____

How much are you planning to spend out of *your* church's student ministry budget? _____

How much money are you requesting from the SBCV? _____



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Are other networks/organizations/churches assisting in the cost of the event?

Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____
Name: _____	Amount: _____

What SBCV churches are committed to participating in this event?

1) _____	6) _____
2) _____	7) _____
3) _____	8) _____
4) _____	9) _____
5) _____	10) _____

What non-SBCV churches are committed to participating in this event?

1) _____	6) _____
2) _____	7) _____
3) _____	8) _____
4) _____	9) _____
5) _____	10) _____

Can we call this a SBCV event in publications/promotions? (yes/no)

If no, why? _____

How will the SBCV benefit by supporting this event? _____

What other support can the SBCV offer, other than finances? _____

If you do receive support from the SBCV, will you agree to complete a written report, provided below, after the event to update us on the results and outcome? (yes/no)

Please direct this application or questions to 888-234-7716 or studentz@sbcv.org. Our address is 4101 Cox Road, Suite 100, Glen Allen, VA. 23060

Official Use Only: Financial Support Granted: _____ Comments: _____
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