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**Youth Ministry**  
**STUDENT ACCOUNT USE REQUEST**

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

Contact Info: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Pastor Mark Approval: \_\_\_\_\_

\*If there are not enough funds available you will be contacted.  
**Please give to Financial Assts-Joni/Kathleen**

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