

# 2018 Request for Financial Assistance

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Request for which conference: \_\_\_\_\_

*(Included would be registration, meal plan and shared Non-A/C housing)*

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

**I certify that I am a U.S. person and am in need of financial assistance.**

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## Note:

- **Guest can only apply for (1) conference in 2018**
- This form does not guarantee that any funds will be available at the time of your request
- Tickets are granted on a first come/ first serve basis
- One form must be filled out per person requesting a free ticket
- Please return this form via e-mail to [conferences@franciscan.edu](mailto:conferences@franciscan.edu).

