



**Teen Challenge of Kentucky  
Priscilla's Place  
SPONSORSHIP REQUEST**

Dear Potential Sponsor:

**RE:** \_\_\_\_\_  
(Applicant's name)

The above individual has applied for entry into Priscilla's Place Teen Challenge, a 12-15 month faith-based, residential recovery program for individuals with drug, alcohol, and other life-controlling problems.

Each student and her family are asked to acquire sponsors to provide financial support for her student fees while at Priscilla's Place. This shows interest and desire in seeking a life change. Sponsors can be family, friends, churches, businesses, or other concerned individuals. The cost of the program is \$1500 per month. By helping cover any portion of this cost, sponsors become partners in bringing hope, deliverance, and restoration.

Priscilla's Place is a ministry of Teen Challenge of Kentucky and is accredited by Teen Challenge USA, a nationwide, non-profit, Christ-centered ministry, widely acknowledged to be one of the most successful recovery programs in the world. Priscilla's Place Teen Challenge is also accredited by the Evangelical Council for Financial Accountability, showing a commitment to accountability and integrity in fundraising and financial management. For more information visit [www.teenchallengeky.com](http://www.teenchallengeky.com).

If you are interested in sponsoring the above named applicant, please sign the applicant's financial commitment page or mail or fax the form below to Priscilla's Place. Please note that while donations to Teen Challenge are generally tax-deductible, student fee payments are not tax-deductible according to IRS guidelines.

You can be part of a life-changing moment for this applicant by becoming a sponsor as she seeks help at Priscilla's Place. Thank you for considering partnering with her at this crucial time. If you need any further information, please contact us at (502) 561-2131 or [intake@teenchallengeky.com](mailto:intake@teenchallengeky.com).

Sincerely,

***Priscilla's Place Teen Challenge***



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Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

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

I commit to give \$ \_\_\_\_\_  **Monthly**  **One-time Gift** in support of \_\_\_\_\_  
Applicant's Name

Teen Challenge of Kentucky • PO Box 14192 • Louisville, KY 40214  
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