**Keeping in Touch with High School and College Students and Young Adults**

Guardian Angels

The Guardian Angels Program ministry was designed to continue relationships with and offer support to high school/college students and young adults who are a part of the Simply Grace family. Each student/young adult is linked secretly with an individual, family, or group (Bible study, accountability, committee) from the church who becomes that person’s angel for the school year.

Throughout the course of the year, we ask angels to send notes of encouragement at least monthly (or bi-monthly or weekly) and to pray daily for their person, which will remind them that their church family loves them and is thinking about them. Going to high school or leaving your home and venturing out into the world of work, trade school, the military or college is an exciting time, but it can also be very difficult to transition and to not feel disconnected. At the same time, some are also facing the challenging of trying to spread their wings at home. During this time of the pandemic, there is much uncertainty. Your love and support from home--their church home--will mean so much. In the past, this program was very successful, and we hope it can be so again.

*1 John 4:7: "Beloved, let us love one another, for love is from God, and whoever loves has been born of God and knows God."*

If you think that you, your family, or your group would like to be an “angel”, please fill in the that section of the form below.

If you are or have a high school/college student or young adult that would like to be a part of this program, please complete the lower portion of the form below.

Please return the form to:

If you would like additional information or have questions, please contact Judy Hoffman, Witness chairperson, at [jhoffmanwiggy@yahoo.com](mailto:jhoffmanwiggy@yahoo.com). Or (908) 763-5988.

*Thank you for your support of this program.*

□ Yes, I would like to be a Guardian Angel.

Name:

Phone #:

Email Address:

□ Yes, I would like my high school/college student or young adult to be a part of this

Program.

Angel Name:

DOB:

Parent Name(s):

Parent Phone Number or Email:

Name of High School/College Attending: \_\_\_\_\_

Home Address:

College Address (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Year in School (freshman, sophomore, jr, sr):

Angel Email and Cell:

Favorite snacks, color, sports team, interests: