



Financial Assistance Application

NAME: _____ DATE: _____

ADDRESSED: _____

HOME PHONE _____

PRESENT EMPLOYER: _____

NAMES AND AGES OF DEPENDENTS: _____

AMOUNT REQUESTED: \$ _____ Purpose: _____

Membership status: Member _____ Visitor _____

What ministry have you been involved in? _____

How long have you attended this church? _____

Are you interested in additional financial counseling? Yes _____ No _____

Notes: _____

FOR OFFICE USE ONLY:

Name of interviewer _____ Date _____

Recommendation _____