



Application for Ministry Financial Assistance

Ministry _____

Date _____ Name _____

Home Phone (____) _____ Cell Phone (____) _____

Address _____ City _____

State _____ Zip _____ E-Mail _____

Age _____ Single Married Separated/Divorced Widowed

Employed Yes No If so, where? _____

Employment Address _____

Spouse's Name _____

Spouse's Employment _____

Children's Ages _____

EVENT/ACTIVITY INFORMATION

Name of Event/Activity: _____

Person's Wishing to Attend _____

Total Cost of the Event/Activity (Per Person) \$ _____

Any Amount to be Paid for this Event/Activity \$ _____ Total Amount Needed \$ _____

Deadline for Payment _____

PREVIOUS ASSISTANCE

Have you been helped previously by this church? Yes No

What did you receive? When? _____

Others applied to for this need? _____

Total family Monthly Income _____

Monthly Average Cost: Mortgage/Rent \$ _____ Auto \$ _____ Electric \$ _____

Water \$ _____ Phone \$ _____ Medical \$ _____ Gas/Oil \$ _____ Insurance \$ _____

OTHER SOURCES WILLING TO ASSIST WITH THIS EVENT/ACTIVITY

Name _____ Phone (____) _____ Amount \$ _____

----- **DO NOT WRITE BELOW THIS LINE (FOR CHURCH USE ONLY)** -----

Ministry Leader Comments _____

Approved _____ Date _____

Disapproved _____ Date _____

Office Record _____ Date Filed _____