

Benevolence Fund Application

Date: _____

Congregant's Name: _____

Current Address: _____

Phone contact/email: _____

Short explanation of request for funds:

- 1. Food ()
- 2. Clothing ()
- 3. Housing ()
- 4. Utilities ()
- 5. Car repair ()
- 6. Medical ()
- 7. Other

8. Amount Requested _____

Short explanation of request for financial help

I do not have the financial capabilities to pay for the above mentioned request for funds.

Applicant Signature: _____

Minister Approval: Yes _____ No _____

Minister's Signature: _____