

# BENEVOLENCE REQUEST FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Driver's License Number or ID: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship to First Missionary Church: \_\_\_\_\_

Do you attend church regularly?  Yes  No If "yes", where? \_\_\_\_\_

Are you currently being helped by another organization? If so, explain: \_\_\_\_\_

\_\_\_\_\_

Would you be willing to go through financial counseling?  Yes  No

Help may be available in the following areas. Please check the one that applies to your current need:

Living Expenses

Medical Expenses

Matching funds towards tuition (for colleges that have a church matching program).

Does the college you are attending have a church matching program?  Yes  No

Continuing Education (for those pursuing full-time ministry)

Other \_\_\_\_\_

Total amount needed: \$ \_\_\_\_\_

Who does this amount need to be paid to and how can we contact them?

Who: \_\_\_\_\_

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

Describe in detail your present need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This form will be forwarded to the Deacons, who are in charge of benevolence, and they will get in touch with you.