Benevolence Application

Name: _____ Date: _____

Address: _____

Email: _____

Phone# (Home): _____ (Cell) _____

(Work) _____

1. Do you have a personal relationship with Jesus Christ?

Yes No Not Sure **(Circle Appropriate)**

2. Are you a member of this Church? Yes No **(Circle Appropriate)**

3. Which best describes your attendance at Church?

Frequent Sometimes Seldom Never **(Circle Appropriate)**

4. In your opinion which description best describes your financial situation?

Short term emergency Short term problem Long term problem **(Circle Appropriate)**

5. The total amount of your request is:

_____

6. What is it for?

_____

7. Who should we make the check payable to?

_____

8. Are you willing to receive financial counseling? Yes No

9. Are you currently employed? Yes No

Full-Time Part-Time **(Circle Appropriate)**

Name of Employer:

_____

10. If married, is your spouse employed? Yes No

Full-Time Part-Time **(Circle Appropriate)**

Name of Employer:

_____

11. Total number of people in the household:

_____

12. Total weekly household income:

_____

13. Briefly, explain your needs and what led you to request assistance. We will be praying for you and providing counsel where needed.

_____

_____

Signature _____

Spouse Signature (If applicable)

_____

Please Print/Fill Out and Return to the Church at 1901 E. 10th St. Rolla MO 65401