

# JESUS IS LORD!

## TRINITY FELLOWSHIP CHURCH

Sports Ministry  
Team Genesis & LOVE Swimming  
Education Ministry  
Genesis Academy Christian School

### 2023-2024 Application for Assistance

An Application for Assistance can take 4-6 weeks to process (please, one request per application)

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_

D.O. B. \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### Please indicate type of school, grade and level of Education:

Home School \_\_\_ Public: \_\_\_ Private: \_\_\_ Name/Address of School: \_\_\_\_\_

Pre-School: \_\_\_/\_\_\_ Elementary: \_\_\_/\_\_\_ Jr. High: \_\_\_/\_\_\_ Sr. High: \_\_\_/\_\_\_ College: \_\_\_/\_\_\_ Graduate: \_\_\_/\_\_\_

Do you have a Disability (please describe)? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone(include area code): \_\_\_\_\_

Church/ Religious Affiliation/Address: \_\_\_\_\_

Self/Parent/Legal Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Name/Address/Phone : \_\_\_\_\_

**I/We are requesting Assistance for (name): \_\_\_\_\_ Tell us your need.**

**Answer these # 1 & 2 only: (1) I need (\$amt, service, other) & (2) For (one thing only):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remember, you are responsible for your needs during the processing of your application

Requestors Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_ Office Only:  
By: \_\_\_\_\_

Action Date: \_\_\_\_\_ Approval (Description): \_\_\_\_\_

Action Date: \_\_\_\_\_ Decline (Description): \_\_\_\_\_

By: \_\_\_\_\_, Program Director

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or [www.trinityfellowshipministries.org](http://www.trinityfellowshipministries.org)

"Love one another. As I have loved you, so you must love one another". John 13:34