

Grace Lutheran Church - Members in Need Financial Assistance Confidential Request Form

Applicant Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Other Phone: _____

Email: _____

Eligibility:

Are you a member of Grace Lutheran church (GLC) Yes No

Are you an employee of GLC Yes No

Are you a family member of an employee at GLC Yes No

Are you Council President, Social Concerns Team leader/designate Yes No

Have you received funds from GLC this year Yes No

Were you referred for funds by another GLC member Yes No

If yes, who referred you? _____

Assessment of Need:

Please tell us what the funds are needed for (be specific):

Clothing

Shelter/rent

Medical care

Other basic necessities: _____

Did this need arise from?

Loss of income Distressed situation Loss of job Death in the family Other event

Dollar Amount requested: _____ \$

Income Assessment:

Primary monthly income (yourself) _____ \$

Secondary monthly income (partner) _____ \$

Monthly income from other sources _____ \$

Other income: _____ \$

I understand that this request will be reviewed by the Senior Pastor, Council President and Social Concerns Team leader (or designate) and kept strictly confidential.

Applicant Signature: _____ Date _____

Office Use Only:

Approved by: _____ (Pastor) _____ (Council) _____ (SCT)

Approved Amount: _____ Approved date: _____

Reference: GLC Members in Need Financial Policy_06012012-1