

**All Things New Covenant Church
Benevolence Ministry
Applications for Financial Support**

A Benevolence Fund exists to provide one time financial assistance to those in crisis. The distribution of funds is determined by the Benevolence Ministry Team. Though paying back the amount received is not required, it is encouraged (if and when possible) in order to bless others in need of receiving funds from this ministry.

APPLICANT INFORMATION:

Application Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Email _____

Sponsored by ATN Partner (if other than Applicant)

Name: _____

Telephone: _____ Email _____

STATEMENT OF NEED:

Amount of financial assistance requested: \$ _____

To be used for: _____

What circumstances have created your need?

Have you received assistance from this fund before? _____

If YES, please indicate dates and amounts of assistance: _____

Have you received, or do you anticipate receiving, assistance for this need from other sources? y/n__

If yes: How much? \$ _____ Source(s) of this funding?

What other information would you like to communicate to the Benevolence Ministry Team for consideration? (Please attach additional sheets or documentation as appropriate.)

Signature of Applicant

Date

In signing this form I verify that all information provided pursuant to this request for assistance is accurate.

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Benevolence Team Review

Reviewed by: _____ Date: _____
_____ Date: _____
_____ Date: _____
_____ Date: _____

Determination: _____
_____ Approved _____ Not Approved
Applicant Notified on date: _____

Explanation: _____

Amount Granted: _____ Paid to: _____
Date: _____ Check#: _____

Does Applicant Attend All Things New: _____

If there is any type of relationship between Applicant and a benevolence team member?
Or if there is any other potential conflict of interest? If so
explain: _____

Other Notes: _____

