

REQUEST FOR ASSISTANCE – BENEVOLENCE

(Applicant initiated)

Approved by: Church Council May 22, 2012

Matthew 25:45 "Whatever you did not do for one of the least of these, you did not do for me."

The Church of God Chapel exists to help people know God and demonstrate his presence in their lives. Because of this noble mission, the church also believes it must reach out to meet the financial, physical, emotional and relational needs of the members of our congregation as well as the greater community. If you are in need at this time in your life for financial assistance, please do not hesitate to let us know by reading the criteria below and filling out the simple form. Please leave the form at the church office addressed to the Chairman of the Benevolence Committee. (Neither the office nor pastoral staff is authorized to promise or disburse funds.) We promise that you will receive a response in a day or two.

While we may provide assistance to people who do not attend our church, our first obligation is to those members of our own body who are in need of our help.

The church will assist individuals and/or families as a result of

1. Family crises
2. Illness or death in the family
3. Loss of a job
4. Natural disasters
5. Family incarceration
6. Mental or physical abuse

Name of person _____ Phone _____

Email address (if any): _____ P. O. Box _____ KY1- _____

I attend the following church _____

____ I am a Christian. ____ I am not a Christian but feel it is an important decision I need to make.

My immediate need has occurred because of _____

1) **One time request:** I would appreciate assistance in the amount of \$ _____ to assist with _____

2) **Ongoing assistance:** I would appreciate assistance in the amount of \$ _____ per week/month

for the next _____ weeks/months to assist with _____

Signature _____ Date: _____

Committee Comment: _____

Amount approved by Committee: \$ _____ for _____

Signature _____ (Committee chairman) Date _____