

Grant Request Application Form for Humanitarian Aid

Grant Applications may take up to 2 months or more to process

Please use extra sheets when necessary while completing this form.

Humanitarian needs include but are not limited to elder care, assistance to retired pastors, orphanages, and nursing homes. These are only general guidelines. Falling within these areas does not guarantee funding, as it takes action by the Grant Committee and the Board of Directors to make the final decision.

Our goal for humanitarian outreach is to minister the Love of God and ensure that we are good stewards of the gifts God has given us.

1. Contact information of the Christian church or sponsoring Christian organization.

Contact Name _____

Address of Organization _____ Phone _____

_____ Fax _____

_____ e-mail _____

2. Personal information of the individual(s) requesting assistance.

First Name _____ Last Name _____

Address _____ Phone _____

_____ Fax _____

_____ e-mail _____

3. Provide the names, addresses and phone numbers of two non-family character references for the individual(s) requesting assistance. These references will be contacted by our Grant Committee.

(1) Name _____ Phone _____

Address _____ E-mail _____

(2) Name _____ Phone _____

Address _____ E-mail _____

4. State the amount and time frame for which you are requesting the grant.

5. Is there financial management counseling for individual(s) in need of assistance? Money management counseling is highly recommended during the grant process to help ensure continued financial stability, as this is a one-time award.

6. A full disclosure of financial status is necessary for evaluation. Please have the individual(s) requesting assistance, answer the questions on page 2 of this document.

Questions to be answered by the individual(s) requesting assistance. (Attach a separate sheet if necessary.)

1. What is your total monthly income (include all types of income)?

2. What financial assistance are you receiving from other sources?

3. Are you eligible or applying for Social Security disability?

4. Are you eligible for State Aid, Food Stamps Medicare or Medicaid?

5. Do you have a repayment schedule with your creditors? If not, make arrangements with your creditors and notify us of the changes.

6. Do you have medical insurance?

7. Provide a list of your total monthly expenses?

8. Provide a list of your total indebtedness?

9. Are you employable? If not, describe your situation. If so, what is the reason for not having employment?

10. Do you have children to care for? How many?
