



# BENEVOLENCE ASSISTANCE REQUEST

**COLLINSWOOD AGAPE BAPTIST CHURCH | 757-488-4939**

All information provided is strictly confidential and all available resources are the result of membership donations.

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

ARE YOU A COLLINSWOOD AGAPE MEMBER?

☐ Yes ☐ No

HAVE YOU TITHED OR DONATED TO OUR CHURCH ON A REGULAR BASIS?

☐ Yes ☐ No

PLEASE SPECIFY THE FINANCIAL ASSISTANCE YOU CURRENTLY NEED:

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PLEASE ENTER THE AMOUNT YOUR REQUESTING FOR FINANCIAL ASSISTANCE: \_\_\_\_\_

PROVIDE FULL CONTACT INFORMATION OF BILLER WHERE PAYMENT NEEDS TO BE RENDERED. STATEMENTS MUST BE PROVIDED WITH YOUR APPLICATION.

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ARE YOU CURRENTLY EMPLOYED OR CURRENTLY SEEKING EMPLOYMENT?

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IS THIS REQUEST FOR YOURSELF OR FAMILY MEMBER? ☐ Myself ☐ A Family Member

HAVE YOU SOUGHT ASSISTANCE FROM OTHER ORGANIZATIONS, CHURCHES OR CHARITIES? ☐ Yes ☐ No

IF YES, PLEASE LIST YOU WHERE RECEIVED PREVIOUS ASSISTANCE:

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HAVE YOU OBTAINED ASSISTANCE FROM US WITHIN THE PAST 12 MONTHS? ☐ Yes ☐ No

IF YES, WHEN? \_\_\_\_\_

HAVE YOU TAKEN STEPS TO ADDRESS FUTURE FINANCIAL OBLIGATIONS? ☐ Yes ☐ No

IF YES, EXPLAIN BRIEFLY: \_\_\_\_\_

*IN ORDER TO RECEIVE ASSISTANCE IN THE FUTURE YOU MUST PARTICIPATE IN A FINANCIAL MANAGEMENT PROGRAM.*