



St John Benevolent Request Form

Purpose:

That the St John Missionary Baptist Church may assist members and non-members with emergency needs (i.e., hospital, food, clothing, and shelter) which includes referrals to various community agencies and non-profit organizations.

Please complete the application:

Date of Request: _____

Full Name: _____

Email Address: _____ Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Are you a member of St John MBC _____ How Long _____

Have you received assistance from St John MBC in the past 6 months? Yes / No

What was the total amount received? _____ Date: _____

Circle the reason for the request: Death, Food, Hospital, Medical, Mortgage, Rent, Transportation, Utilities, Other (please explain):

(Additional Information May be Requested)



Amount Requested: \$ _____ Date Needed: _____

Why Funds Are Needed: _____

Provide Name, Address & Phone Number of each Party to Whom Requested Funds will be Paid: _____

What Steps Have Been Taken to Obtain Financial Assistance from Non-church Sources?

How will You Meet this (these) Financial Obligations going forward?

NOTE: By signing below I attest to the fact that I fully understand the information being requested from me in this application process and that to the best of my knowledge I have provided the Committee accurate and honest responses.

APPLICANT'S SIGNATURE: _____ Date: _____



BENEVOLENCE REQUEST APPROVAL STATUS

(For Benevolence Fund Committee Use Only)

Requested by: _____

Date Requested: _____

Request Approved: Yes / No Amount Approved \$ _____

Observations/Recommendations:

Request Denied: Yes / No Reason(s) for Denial:

Committee Members Making the Decision:

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____