

Confidential

Application for Financial Assistance
Trinity United Methodist Church
200 N. Summit St. Bowling Green, Ohio 43402

Please answer the following questions with openness and honesty. This will assist us in determining the extent of your need as well as your eligibility for assistance. **COMPLETION OF THIS FORM DOES NOT GUARANTEE FINANCIAL ASSISTANCE; IT IS FOR INFORMATION ONLY.** Please be assured that all answers will remain confidential.

Name(s): _____

Date Of Birth: _____ Address: _____

City/State/Zip: _____

Phone: _____ email: _____

Current (Most Recent) Employer: _____

Marital Status: Single Married Widowed Separated Divorced Engaged Living Together

Spouse's Name: _____ Date Of Birth: _____

Names and Ages of People Living in Your Household: _____

Amount Requested: _____

Reason For Request: Please comment on the nature of your need and the reason(s) you need assistance. _____

Office Use Only:

Approved: Yes No
Amount: _____

Check Request Date: _____