

# Benevolence Fund Request

Date: \_\_\_\_\_

## Information

Benevolence Fund is a vehicle to help those folks who are in a time of need. Presently, we are only taking applications for **major utilities such as electricity, water, gas and sewage**. If you are in need of food or clothing, please contact the office and request our Benevolence resources document.

Please fill out the application and attach copies of the utility bills you would like for the team to consider. We ask that you print your information on this form and turn it into your campus office by **Monday 12pm**. You will be contacted once the review process has been completed. May our Lord continue to strengthen and encourage you.

## Personal Information

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Gender: M / F      Date of Birth: \_\_\_\_\_

Marital Status (circle):    Single      Engaged      Married      Separated      Divorced      Widowed

## Spouse Information

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Gender: M / F      Date of Birth: \_\_\_\_\_

Marital Status (circle):    Single      Engaged      Married      Separated      Divorced      Widowed

## Children

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Gender: M / F    Birthdate: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Gender: M / F    Birthdate: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Gender: M / F    Birthdate: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Gender: M / F    Birthdate: \_\_\_\_\_

## Employment History

Present/Most Recent Employer: \_\_\_\_\_ Position: \_\_\_\_\_

If you are unemployed, how long has it been? \_\_\_\_\_ Reason: \_\_\_\_\_

If you are unemployed, what steps are you currently taking to seek employment? \_\_\_\_\_

\_\_\_\_\_

**Spiritual Walk**

\_\_\_\_\_ Do you attend Discover Point Church? How long?

\_\_\_\_\_ Which service do you attend?

**Yes/No** Are you a member of a Life Group? If so, whose? \_\_\_\_\_

**Yes/No** Are you serving in the Church? If so, where? \_\_\_\_\_

**Yes/No** Have you made a personal decision to be a Christ Follower? If Yes, when \_\_\_\_\_  
If No, would you be willing to speak to a pastor about this? **Yes/No**

**Yes/No** Have you been baptized? If Yes, when \_\_\_\_\_  
If No, would you be willing to speak to a pastor about being baptized? **Yes/No**

**Additional Information**

What events led to your needing assistance? \_\_\_\_\_

**Yes/No** Have you received assistance from Discover Point in the past? When? \_\_\_\_\_ For What? \_\_\_\_\_

**Yes/No** Have you received assistance within the last six months? If so, specify: Family Friends  
Churches \_\_\_\_\_ Agencies (name) \_\_\_\_\_

What steps are you taking to improve your present situation? \_\_\_\_\_

Have you taken the *Financial Peace* training or a similar training? **Yes/No** Name: \_\_\_\_\_

If not, would you be willing to attend? **Yes/No**

**I authorize Discover Point Church to verify all information provided:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Specific Request**

**ALL UTILITY BILLS LISTED MUST BE ATTACHED TO APPLICATION**

Amount Requested: \_\_\_\_\_ For: \_\_\_\_\_ By Date: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ For: \_\_\_\_\_ By Date: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ For: \_\_\_\_\_ By Date: \_\_\_\_\_

**Discover Point Use Only**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Leader or Pastor Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Start Date Prior Assist: Date: \_\_\_\_\_ Amt: \_\_\_\_\_ Company: \_\_\_\_\_

\_\_\_\_\_ Last Contr Date Committee Approval: \_\_\_\_\_

Amount: \_\_\_\_\_