

*St. John's Missionary Baptist Church
1504 SW N.H. Jones Street
Lawton, Ok 73501*

**Application for Financial Assistance
(Benevolence)
(* indicates you must answer the question)**

****Date requested:** _____

****Name:** _____

****Address:** _____

****Home Phone:** _____ **Message Phone:** _____

****Time to call** _____

(It is important to give us a time to call you. Take call block off your phone)

Total in household

****Adult** _____ **Relationship** _____

****Adult** _____ **Relationship** _____

****Children** _____ **Ages(s)** _____

Employed: Yes or No If so by: _____

Please explain the circumstances (why you are requesting funds).

**** Are you a member of any church? Yes or No**

****You are a member of what Church** _____

****Pastor Name and Number** _____

****Have we helped you before** _____ **If so when** _____

May we add you to our special prayer list? Yes or No.

****Amount requested: \$** _____ **Date needed:** _____

****Please check: Current bill** ___ **Past due** ___ **Deposit** ___ **Rent** ___ **Other** ___

Bill to be paid: _____ **Account Number** _____

****Pay to the order** _____ **Amount\$** _____

Address _____ **Phone:** _____

*****I have read and answered all the questions above to the best of my knowledge and I am aware that the information I have provided will be verified.***

Applicant Signature: _____ ***Date:*** _____

Disapproved: _____ ***Date:*** _____

Approvedby: _____ ***Date:*** _____

Finance Secretary: _____ ***Date:*** _____

***Please Note by filling out this application by no means guarantee automatic approval!**