Deacon Fund
Financial Assistance
Application

Applicant's Name _____
Address_____
City_____ ZIP Code_____ Phone_____
Family Status: Married _____ Single _____ Divorced _____ Widow: _____
Children_____
Language: English ___ Spanish ___ Other: _____ Need Translator? _____
Church Affiliation: SPC member _____ Attending SPC _____
Attending another church _____ No church affiliation _____
Volunteer or paid worker at SPC _____ What position: _____

Your need for financial assistance, please be specific:

_____
_____
_____
_____
_____
_____

How pressing is this need for assistance? _____

Where are you currently working? _____
If married, does your spouse work? Where? _____

Have you sought any financial assistance:

- From other non-profits? _____
- From other churches? _____
- From Government:
    - Name of City and what assistance? _____
    - Name of County and what assistance? _____

What have been the results? _____