Request for Benevolence Assistance from Brookside Church

The purpose of Brookside Church's Benevolence Fund is to assist Brookside members and regular attenders who are in short-term, non-recurring, financial hardship.

- 1. Before proceeding to fill out this benevolence request form (included on next pages), please read through the following guidelines carefully to discern whether you are eligible for financial assistance.
 - Recipient must submit the request. Requests will not be accepted on behalf of someone else.
 - Person requesting funds must be a member or regular attender of Brookside Church. A regular attender is
 defined as someone who has been coming to Brookside Worship Services regularly for 6 months or more, and
 purposes to live their life on biblical principles.
 - The request form needs to be accompanied by a copy of all relevant bills/invoices prior to approval. Designated church office personnel will verify this before the request is given to the Benevolence Committee.
 - Once the request form is filled out and relevant bills are attached, please bring these items to the church office to formally submit your request.
 - Please allow a minimum of seven business days to process any checks for those requests that are approved.
 - Financial information and/or budget counseling may be required either prior to or after an approved request.
- 2. Printing legibly, please complete the form on the next pages in its entirety.
- 3. Return this completed request form AND copies of any relevant bills/invoices to Brookside Church during office hours (M-F, 8:00am-5:00pm). Please compile all this information in an envelope and mark the envelope "Brookside Benevolence."
- 4. Once these steps have been completed and your request processed, a member of the Brookside Benevolence Committee will initiate contact within three business days with further questions and/or to discuss whether or not we're able to help.

Request for Benevolence Assistance from Brookside Church, p. 1

The purpose of Brookside Church's Benevolence Fund is to assist Brookside members and regular attenders who are in short-term, non-recurring, financial hardship.

Your name:	Spouse (if applic	able):		
Names and ages of children:				
Address:)		
Amount requested: \$				
To be used for:				
How long have you been attending Brooksid	de Church?			
On average, how many Sundays per month	do you attend?			
Are you involved in any ministry at Brooksid Education classes, men's ministry, women's been involved with below:				
Are you currently employed?				
Have you received financial assistance from yes, please briefly explain.)	any other individual or chui	ch within the las	t six months?(If you	ı answer
Have you ever previously received financial	counseling of any kind?	YES	NO	

Request for Benevolence Assistance from Brookside Church, p. 2

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Short summary of circumstances:			
Signature of requestor:			
Brookside Office Use Only:			
	Conics of hills/invoices reseived? (ves er no)		
	Copies of bills/invoices received? (yes or no):		
Amount provided YTD:	-		
Approved by or reason for refutation:			
	Date:		
	Date:		