

Christ Lutheran Church Zionsville

Application for Emergency Assistance Funding

This information will be treated as highly confidential and will only be shared with the individuals who are responsible for decisions on granting requests.

Name _____

Address

Street

City

State

Zip

Phone _____

E-mail _____

Requested Amount \$ _____

Explain your current financial problem in detail and what the emergency funds will be used for. Relevant documentation may be requested in order to receive funds.

Please provide any other information you feel is relevant to your application for emergency assistance.

I agree to use the funds provided to me in order to reduce my financial strain caused by the above circumstances. I also understand that I am not eligible to reapply for emergency funds for a period of at least 3 months. The information provided by me is true and complete.

Signature

Date