

**First Congregational Church, Ramona, California  
Benevolence Policy**

**REQUEST FOR BENEVOLENCE ASSISTANCE**

*(ASSISTANCE IS AVAILABLE TO APPLICANTS ONCE PER YEAR STARTING AT THE DATE OF THE LAST APPROVED ASSISTANCE)*

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

SPOUSE NAME (if any): \_\_\_\_\_

CHILDREN (if any): \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

SPOUSE PLACE OF EMPLOYMENT: \_\_\_\_\_

HOW DID YOU HEAR ABOUT FCC BENEVOLENCE ASSISTANCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHURCH AFFILIATION: \_\_\_\_\_

WHAT IS THE REASON FOR THIS REQUEST: (please explain with as much detail as possible)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT ARE THE CIRCUMSTANCES THAT LED TO THESE NEEDS (illness, lay-off, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT IS THE AMOUNT OF THE REQUEST: \_\_\_\_\_

WHO IS IT OWED TO: \_\_\_\_\_

PLEASE FURNISH A COPY OF THE BILL.