

**Galilee Baptist Church**  
**1025 E. 9<sup>th</sup> Shawnee, OK**  
**BENEVOLENCE REQUEST FORM**

Galilee Baptist Church offers short term financial assistance to its members and non-members who are in dire need (loss of or reduction in income due to no fault of their own). The maximum amount payable is \$100 per request and \$200 per calendar year. Applicants must live in Potawatomie County area only.

This form must be filled out completely for all financial requests. All financial requests will be prayerfully considered. You must submit the current original bill with your completed request form. The bill must be in the applicants' name and be for services at the applicants' current address. Completion of this form does not guarantee payment. Under no circumstances will there be any immediate payments. No payments will be made directly to the applicant. All payments will be made to a third party i.e. an utility company. After receiving your application the Benevolence Committee will meet to review your application. This may take 7 to 10 days. After a decision is made you will be notified by phone of the results if possible. We consider this a private matter and we ask that you do not discuss the results of this request with anyone other than the Pastor and/or Benevolence Committee.

Incomplete forms will not be processed.

**We will not issue payment for the following:**

- Credit Card payments
- Legal Fees
- Utility payments more than two months past due.
- Loan Payments
- Cell Phones
- Taxes (Local, State or Federal)
- Deposits or reconnect fees
- Any other payments that the committee deems unwarranted

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Marital Status: Married\_\_ Spouse's Name \_\_\_\_\_ Divorced\_\_ Separated\_\_ Single\_\_

Widowed\_\_ # Children at Home \_\_\_\_

Names/Ages of Children: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home: Rent\_\_ Own\_\_

Employer: \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_

List any other Adults 18 years and older living at the residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you attend Galilee Baptist? ☐ No ☐ Yes ☐ 1 Sunday/month ☐ 2 Sunday's/month ☐ 3+Sunday's/month  
Are you a member of Galilee \_\_\_\_\_ Do you give regularly to Galilee? \_\_\_\_\_  
How long have you been attending Galilee? \_\_\_\_\_  
Do you attend a small group/Bible study? \_\_\_\_\_ Who is your small group/Bible study leader? \_\_\_\_\_  
Are you currently serving as a volunteer at Galilee? \_\_\_\_\_ Which ministry? \_\_\_\_\_

Have you met with a Pastor at Galilee in the past? \_\_\_\_\_ if so, Who?

Has Galilee helped you financially in the past? \_\_\_\_\_ What help was given and when? \_\_\_\_\_

Current monthly income: \_\_\_\_\_ Do you have family who can help?

Would you be willing to attend a financial counseling class or Financial Review at Galilee? \_\_\_\_\_

Please clearly state your request (list an amount for every item)

<u>Need</u>	<u>\$ Amount</u>
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_____	_____
_____	_____
_____	_____
_____	_____

Total amount of your request: \$ \_\_\_\_\_

What circumstances brought about this need? This question must be answer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby agree that all the information that I provided on this request form is correct. I understand that that this form or a facsimile of it will be kept on file for future reference should I ever need benevolence assistance again.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please Do Not Write Below This Line For Church Use Only.**

Was Request Approved ☐ Yes ☐ NO  
If approved what was the amount

**Signatures of Benevolence Committee Members (Three signatures required)**

1. \_\_\_\_\_ Date \_\_\_\_\_  
2. \_\_\_\_\_ Date \_\_\_\_\_  
3. \_\_\_\_\_ Date \_\_\_\_\_