

# Benevolence Financial Request



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

**Contact Information** (please complete and return)

Name(s): (list all applicable)	
Street Address:	
City:	
State:	
Zip Code:	
Telephone (daytime):	
Telephone (mobile):	
Email:	
Best way and time to contact you:	
Marital Status:	
Dependents:	

**Financial Resources:**

Employment status:		
Employer:		
Pay rate/Salary:		
	<b>Description</b>	<b>Amount</b>
Other sources of income:		
Available savings:		

<b>Major Expenses:</b>	<b>Description</b>	<b>Amount</b>
Housing cost:		
Loans, credit card payments:		
Other:		

**Grace Chapel Involvement:**

How long have you attended?	
How often do you attend?	
Specific activities in which you are involved:	
Special circumstances of which you wish us to be aware in reviewing your request:	
What is at stake?	
What are you requesting from the Deacon Board?	
What has been done so far to avoid/prevent the probable outcome?	
Do you have family support?	
What plans are in place to bring about a change, if needed?	
How has God used this in your life?	

**Grace Chapel’s Deacon Board welcomes your request for benevolence financial assistance! As part of your request, we want you to be aware of the following guidelines regarding benevolence financial assistance:**

1. None of your information will be shared outside of the Deacon Board.
2. Primary consideration for Deacon counseling benevolence support will go to individuals who are members or friends of Grace Chapel.
3. Primary consideration will go to individuals who have not exceeded the annual benevolence assistance limit.

Completed paper forms may be mailed to:

Grace Chapel  
Attention: Benevolence  
8505 S Valley Hwy  
Englewood, CO 80112

Completed electronic forms may be emailed to:

[deacons@gracechapel.org](mailto:deacons@gracechapel.org)