



**HILLSBORO**  
CHURCH OF CHRIST

## Application for Ministry Financial Assistance

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Current Church Membership: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email: (print clearly) \_\_\_\_\_

Student    Single    Married    Separated/Divorced    Widowed

Employed?    Yes    No   If so, where? \_\_\_\_\_

Employment Address \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse's Employment \_\_\_\_\_

Name & Age of Children \_\_\_\_\_

### EVENT/ACTIVITY INFORMATION

Title of Event/Activity: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Person's Desiring to Attend: \_\_\_\_\_

Total Cost of the Event/Activity (per person): \_\_\_\_\_

Amount able to pay for the Event/Activity: \_\_\_\_\_ Amount Needed: \_\_\_\_\_

Deadline for Payment: \_\_\_\_\_

### PREVIOUS FINANCIAL ASSISTANCE

Have you been given financial assistance by Hillsboro before?    Yes    No

If so, what did you receive? When? \_\_\_\_\_

### FOR OFFICE USE ONLY

Ministry Leader Comments \_\_\_\_\_

Approved by \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved by \_\_\_\_\_ Date: \_\_\_\_\_