

Union Memorial United Methodist Church

Benevolence Ministry

*'For I was hungry and you gave me something to eat,
I was thirsty and you gave me something to drink,
I was a stranger and you invited me in,
I needed clothes and you clothed me,
I was sick and you looked after me,
I was in prison and you came to visit me.'*

*The King will reply, "Truly I tell you, whatever you did for one of the least
of these brothers and sisters of mine, you did for me."*

Matthew 25: 35 – 36, 40 (NIV)

As a church, we are concerned about the spiritual and emotional needs, as well as, the physical needs of our members and surrounding community. Therefore, we will provide temporary financial assistance to those in need. It is important that applicants understand that the funds available are limited.

Criteria for Assistance

Benevolence grants will be made for the purpose of providing services or other needs essential to maintaining/establishing basic quality of life as follows:

- *Food
- *Lodging
- *Utilities
- * Medical

Guidelines

A person seeking assistance will be required to complete an application. The Pastor has the primary responsibility to determine if the assistance is to be granted. Each applicant will be treated with dignity and respect. Any information provided by the applicant, including his/her identity, is to be kept strictly confidential. A request for assistance by a member of a household is limited to one grant per household within a calendar year. The Pastor will recommend a monetary amount not to exceed \$300.00. The Pastor's signature, along with the church treasurer's signature, will verify the approval of the monetary grant. The Pastor will contact the applicant to discuss the outcome of their request. If the request has been denied, reasons will be shared with the applicant. Upon approval of the request for assistance, disbursement of the approved amount will be made by check payable directly to the vendor.

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APPLICATION

Please PRINT

DATE: _____

NAME: _____
LAST FIRST

ADDRESS: _____
Apt. #

City State Zip Code

TELEPHONE: (H) _____ (W) _____ (C) _____

MARITAL STATUS: Single _____ Married _____ Other _____

IF MARRIED, SPOUSE'S NAME: _____

Please check the appropriate column to identify the type of Assistance needed.

	Need	Amount
Medical		\$
Food		\$
Utility (Identify type) _____		\$
Rent/Mortgage		\$
Other		\$

**Confidentiality will be honored and respected at all times.*

ACTION:

_____ **APPROVED**

_____ **DENIED**

Pastor's Signature - _____ **Date:** _____

Church Treasurer - _____ **Date:** _____