



# Request for Financial Assistance

Name of recipient \_\_\_\_\_ Phone # \_\_\_\_\_

Recipient address \_\_\_\_\_  
\_\_\_\_\_

Recipient email \_\_\_\_\_

Check the box if the recipient and person submitting the request are the same:

Name of person submitting request \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to recipient \_\_\_\_\_

Amount of funds requested \$ \_\_\_\_\_

Reason for request \_\_\_\_\_

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

Staff Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Vestry Member Signature \_\_\_\_\_ Date \_\_\_\_\_