

COMMUNITY MENNONITECHURCH
Compassion Fund Request Application

Today's Date _____

Name of person/family in need _____

Email address: _____

Birth date(s) of person(s) making request: _____

Requested by: _____ small group _____ pastoral team

_____ Sunday School class

_____ other (please explain) _____

Amount requested: _____

Check payable to: _____

Basic description of need:

What other social services have been accessed?

Are there other persons/groups helping financially?

Date check needed: _____

Committee action:

_____ Approval

_____ Disapproval

_____ Amount

Explanation _____

Return application to the Chair of the Grants Committee. Please attach copies of relevant bills (medical, heating, rent, etc.)