

Eastside Community Church Joyful Blessing Fund Application For Assistance

Please complete each section as completely as possible and return to ministry leader, board or church staff member. For scholarship related items only complete questions #1-2 and sign.

Name: _____ Phone: _____
Address: _____ Alt Phone: _____
_____ E-mail: _____
Requestor: _____ Requestor
Phone # _____
Amount requested: _____ Date needed: _____

1. Is this amount requested for ECC related activity/mission? (Circle One) Y N

2. Please describe the nature of the need *(if ECC related activity/mission, please note activity name and skip to Applicant Signature)*:

3. What supporting documentation can you provide? (i.e. bill, vender quote, receipt, etc.)

4. Is this a long (ongoing) term need? (circle one) Y N
If Yes, please describe below, how long do you expect it to last?.

In the event this request is approved, where should payment be sent? (Not required for ECC related activity/mission, funds will go to appropriate ministry area)
Payments will be sent directly to payee. If service paid, please provide proof of purchase.

Name (Company): _____
Address: _____ City, State, Zip: _____
Phone: _____

Applicant Signature: _____ **Date:** _____

Assistance for food related items can be sought through the Good Samaritan Ministry. If needed, this request will be redirected.

The information in this form is private and will only be reviewed by the JBF approval committee