

FELLOWSHIP FUND REQUEST FORM

The purpose of the Fellowship Fund is to provide financial aid to a member who is in need on an urgent basis. The Fellowship Fund is not applicable for cases which need long-term financial support. The church has the right to adjust or to disapprove the member's request and may consider providing assistance other than monetary help.

The preferred method of providing assistance is to pay for the member's need directly to the business provider. Assistance may also be provided in the form of goods or services. The type of aid that is appropriate depends on the member's needs and available resources.

This form must be filled out completely for all financial requests. All financial requests will be prayerfully considered, and the member will be notified of decisions by phone or in person. Incomplete forms will not be processed. Information provided by the member will be shared with Diaconate, and Pastor as needed.

"Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God, and the peace of God, which surpasses all understanding, will guard your hearts and minds through Christ Jesus." (Philippians 4:6-7 NKJ)

Basic Requirements

- Membership with Clifton Park Baptist Church (CPBC)
- Related to a short-term financial crisis (medical emergency, accidents, loss of job, etc.)

Inclusions

- Rent or mortgage
- Utilities: electricity, gas, water, heating, or phone, but not cable
- Medical
- Local and/or public transportation
- Groceries

Exclusions

- Legal fees related to family disputes
- Long term and repetitive expenses

Fellowship Fund Process

- Complete and submit the Fellowship Fund Request Form to any member of the Diaconate.
- A Deacon / Deaconess will contact you regarding the request.
- A Deacon / Deaconess will submit the form to the Diaconate for approval. Note: this may happen during the monthly Diaconate meeting, but can happen via email if it is an emergency.
- The Diaconate will approve or deny the request, or ask for additional information.
- If approved, the check will be distributed.
- The Deacon / Deaconess may follow up with you and give an update at the next Diaconate's meeting.

Additional Criteria

At the discretion of the Diaconate, you may be requested (if married, both husband and wife) to do one of the following, or more:

- Participation in financial counseling.
- Take a class on biblical financial management or complete a workbook/assignment on biblical stewardship.

FELLOWSHIP FUND REQUEST FORM

Today's Date: _____

1. Name: _____

2. Your Contact Information:

Home Address: _____

Home Phone | Cell: _____ Email Address: _____

2a. Are you married? Yes No If married, your spouse's name & contact information:

Name: _____

Home Address: _____

Home Phone | Cell: _____ Email Address: _____

3. Are you a member at Clifton Park Baptist Church (CPBC)? Yes No

If you are not a member of CPBC, please do not complete this form. Non-members should contact Senior Pastor Rev. Essentino A. Lewis, Jr., if you have a benevolence need.

4. How long have you been a member at CPBC, e.g., month and year joined? _____

5. Which best describes your attendance at CPBC? Frequent Sometimes Seldom

6. How have you supported CPBC?

Financial Giving: Tithing Offering Fellowship Fund Other _____

Ministry Involvement, including Worship Attendance: _____

7. Do you have a personal relationship with Jesus Christ? Yes No Not Sure

8. In your opinion which description best describes your financial situation?

First-Time / One-Time Emergency Short-Term Problem Long-Term Problem

9. What is this request for? _____

10. Who should we make the check payable to? _____

11. What is the total amount of this request? _____

12. Briefly explain what led you to request assistance. _____

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13. Are you currently employed? Yes No Full-time Part-time

14. If married, is your spouse employed? Yes No N/A

15. How many persons are in your household? Adults: _____ Children (age 17 and lower): _____

16. Do you have family or friends who can support you with this need? Yes No

17. How will you meet this need next month or when future payment is due? _____

18. Have you sought public assistance (e.g., social services, customer support, special payment plan from the provider, etc.)? Yes No

Where & When? _____

19. Have you requested support from the Fellowship Fund in the past? Yes No

20. Are you willing to receive financial counseling? Yes No

Official Use Only

Deacon / Deaconess: _____

Approved via Email Approved at Meeting Need more information Denied

More information needed: _____

Check dated: _____ Check #: _____

Given to person completing the form or Check mailed to address (above) or

Different address: _____ or

Check given to: _____ for delivery.