

Compassion Request Form

Date _____

At Grace Church, we are followers of Jesus living out His mission together. Therefore, we have a relational approach to requests for financial help because often, financial need is a symptom of a larger issue. We strongly encourage you to ask a Grace Team Member to sponsor your request and fill out this form on your behalf.

Request Sponsor Name _____ Grace member or regular attendee Y N

Grace Life Group member Y N

Person needing help _____ Grace member or regular attendee Y N

Grace Life Group member Y N

Any other affiliation between person needing help and Grace Church _____

Relationship between Request Sponsor and Person needing help _____

Why is help required? _____

Has the family of the person needing help been asked to assist? _____

Is the Request Sponsor willing to invest time with the person needing help? _____

If not, who might be? _____

Would the Financial Peace class be of benefit? _____

(The Compassion team can offer partial scholarships toward attending a Financial Peace class)

Funds needed _____ Date needed _____

Who is check to be made payable to _____ Account # _____

Address or how check will be delivered _____

Contact information for person needing help

Phone _____ Email _____

Address _____