



FINANCIAL ASSISTANCE APPLICATION
FLATIRONS COMMUNITY CHURCH

Date _____

Your Name _____

Phone (Cell) _____ Phone (Home) _____

Email _____

Address _____ City, State, Zip _____

Family Members Who Live with You:

First & Last Name _____ Age _____ Relationship _____

First & Last Name _____ Age _____ Relationship _____

First & Last Name _____ Age _____ Relationship _____

First & Last Name _____ Age _____ Relationship _____

Have you read the attached "What you should know before you apply for financial assistance"? _____

Have you applied for financial assistance in the past? _____ Approx date _____

Requested Amount _____ To be used for _____

(Please attach a copy of the bill you would like us to help you with)

Briefly describe what has happened or the situation resulting in this need: _____

How long have you attended Flatirons? _____ Which Campus? _____

Where are you connected at Flatirons? (What ministry do you volunteer in? etc.)

.....
Office Notes