



Mission: Washington Emergency Funds Application

PLEASE PRINT:

1. Name of Applicant: _____

Address: _____

State/Province: _____ Zip Code: _____

2. Amount Requested: \$ _____ (*\$500.00 maximum per request*)

3. Purpose of Request:

4. What is your current weekly income?

Secular Work \$ _____

Church \$ _____

Other Income \$ _____

Wife's Weekly Income \$ _____

Weekly TOTAL: \$ _____

5. Have you ever received Emergency Assistance Funds before? Yes _____ No _____

If YES, when? Date: _____ Amount: \$ _____

6. Are you currently under "North American Missions Status" as described in WA District Policy?

Yes _____ No _____

District Action:

Approved by District NAM Executive Committee:

District Superintendent: _____ Date: _____

District NAM Director: _____ Date: _____

Sectional NAM Director: _____ Date: _____

Sectional Presbyter: _____ Date: _____