ASSISTANCE APPLICATION

Glenn View Baptist Church 4275 Glenn High Road Winston-Salem, NC 27107

Office Use Only:	
Aid Received:	
Date:	
By:	

Please note: Application must be filled out completely before request for assistance will be considered.

Our primary purpose is to be the Church of the Lord Jesus Christ. Our objective is to lead people to a relationship with Jesus Christ as Savior and Lord, and to help them find their place of service to Christ in His Kingdom. Considering these priorities we have formed new guidelines. Therefore, assistance is not automatically given, and is based upon the assessment of needs and the availability of resources.

GUIDELINES:

- Each applicant <u>must entirely complete</u> an Assistance Application in person. It is to be understood that completing an application does not assure that one will receive assistance.
- We will assist once per month per household for six months or on six different occasions (whichever comes first). After that we require you to make an appointment for counseling so that we may assist you and your family further.

I certify the above information to be true and accurate to the best of my knowledge. Also, I have received a copy of the Assistance Policies of Glenn View Baptist Church and am willing to accept them.

Signature of Applicant			
Name			
	Apt./Lot #		
City/State	Zip	Phone #	
List any other person(s) who live in your home and	d their ages:		
Name		Age	
Name			
Name			
Name			
Do you or any family member have food allergies If yes, what?			
Is there a diabetic in the household? Yes No			
Do you have a personal relationship with Jesus Ch	nrist?		
I attend or am a member of		Church in (city)	
Glenn View Baptist Church does not have a benev food please indicate other needs with which we ma			