

COMMUNITY MENNONITECHURCH

Compassion Fund Request Application

Today's Date_____

Name of person/family in need _____

Requested by: _____small group _____pastoral team

_____Sunday School class

_____other (please explain)_____

Amount requested:_____

Check payable to:_____

Basic description of need:

What other social services have been accessed?

Are there other persons/groups helping financially?

Date check needed: _____

Committee action:

_____Approval

_____Disapproval

_____Amount

Explanation _____

Return application to the Chair of the Grants Committee

Attach copies of relevant bills (medical, heating, rent, etc.)