



***A Ministry of Grace Christian Church
Financial Assistance Request Form***

GCC helps those struggling financially through the ministry of the Grace Christian Church Blessing Box, as and when the GCC financial state allows. Monetary assistance is given as a grant, and repayment to GCC is not expected or required. However, if you are blessed in the future and choose to repay the grant to GCC, it will be used to aid others.

GCC will not give assistance for cable, credit card bills, or other debts deemed an extravagance by the Board of Elders of Grace Christian Church. If the funds are to pay a utility bill or rent, a car repair, or to assist with a medical issue or other required costs, then checks will be made directly to the creditor.

To request financial assistance from the GCC Blessing Box Food Pantry, please complete the application below in its entirety. Failure to provide the requested information will delay and may even forfeit your eligibility for assistance. Grants are issued on a first-come first-served basis and are only available as funds allow. You may receive a partial grant as opposed to a full grant depending on the eligibility of funds. Requests will be reviewed with notification occurring via telephone. Please note that the approved requests may require two weeks to process.

Eligibility is limited to two (2) times per calendar year unless extraordinary circumstances present themselves. After receiving a second grant, an applicant must normally wait an entire year from the date of the last issued grant to reapply for assistance.

Decisions made by the Board of Elders of GCC are final. Completed applications may be sent via email to:

info@gracechristianchurchinc.org, RE: Application for Assistance

or mailed to:

Grace Christian Church
c/o the Blessing Box Food Pantry
PO Box 142
Vilas, NC 28692-0142

Date: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Current Phone/Contact Person: _____

The total amount of your request is: _____

What is the requested aid for? (you may write on the back of this paper if needed)

To whom should we make the check payable? _____

Are you currently employed? ☐ Yes ☐ No ☐ Full-Time ☐ Part-Time

Name of Employer: _____

If married, is your spouse employed? ☐ Yes ☐ No ☐ Full-Time ☐ Part-Time

Name of Employer: _____

Total number of people in the household: _____

Total weekly household income: _____

Briefly, explain your needs and what led you to request assistance. Are there other needs you or your family has?

Would you like us to send you a list of other resources in the community which may be of help?

Yes ☐

No ☐

My signature below guarantees the information provided above is accurate and true. I also understand that financial assistance from this church is considered a one-time assistance grant which I do not have to pay back. I am allowed to receive a maximum of two grants in a calendar year, after which I become ineligible for aid for 12 months from the date of the last aid rendered, unless granted a waiver from this rule by the Board of Elders of Grace Christian Church by presenting a true and compelling cause with proper documentation.

Signature of Applicant(s)

Date

Printed Name of Applicant(s): _____

Office use only

Services Provided? _____ Date Service Last Rendered: _____

If not provided, reason for declining:

Authorized Signature: _____