

**MOUNT PLEASANT BAPTIST CHURCH
6477 LINCOLNIA ROAD ALEXANDRIA, VA 22312 (703) 256-1239 OR FAX (703) 256-1268**

REQUEST FOR ASSISTANCE APPLICATION

Date:

Name:

Current Address:

City:

State:

Zip Code:

Member:

Non-Member:

Telephone No:

EMPLOYMENT INFORMATION

Employer:

Address:

Telephone No:

City:

State:

Zip Code:

Years:

Salary/Wages

DESCRIPTION OF ASSISTANCE

Circumstances contributing to this need: (Attach supporting documentation- use back if necessary)

Amount of Request:

If money is being requested, how much of the needed amount do you have on hand or from other sources?

What other sources have you pursued?

Monthly debt amounts:

Have you provided tithes or offering to Mount Pleasant Baptist Church this calendar year?

To whom should any money be paid? Checks for rent, utilities, etc. are made payable directly to the business. (Attach supporting documentation)

Will you participate in a financial management workshop?

MISSIONARY MINISTRY STAFF USE ONLY

Date Received:

Action Taken:

If necessary follow-up: