



Episcopal Church Women

Application for Financial Assistance

This information will allow us to assist you to the best of our ability, as well as provide documentation of our distribution for the many varied requests we receive. All information will be handled discretely by the Episcopal Church Women's Board.

This is an interactive form. You may type in the fields and print, or you may print and hand-write your answers.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parish: _____ Deanery: _____

Statement of Specific Financial Needs Purpose and/or Goal (type or write below):

Endorsement / Recommendation from Clergy, Parish, Agency or Committee (type or write below):

Other Sources Contacted (type or write below): (This may help us recommend further assistance to you and will not affect availability of funds).

Please do not write below this line.

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Amount Approved: \$ _____ Fund: _____

Date: _____ Payable to: _____

Approved by: _____
