



The Golden Cross Application for Financial Assistance

Please Give Complete and Detailed Information – Type or Print

Date of this Application:			
APPLICANT INFORMATION			
Full Name:			
Date of Birth:		Date of Illness/Injury:	
Street Address:			
City, State, Zip			
E-mail Address:			
Primary Phone:		Secondary Phone:	

APPLICANT CHURCH INFORMATION			
Church Name:			
Senior Pastor			
Pastor's E-mail:		Church Phone:	
United Methodist District Name:			
Has the church or district assisted this person financially?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details.			
Has the applicant received Golden Cross funds before?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when and what amount?			
If applicant is not a United Methodist, explain why this assistance should be given.			

APPLICANT FINANCIAL & INSURANCE INFORMATION			
Amount of financial golden cross grant requested :			
Average Monthly Income:			
Employer of applicant or other person responsible for medical expenses:			
If currently unemployed, applicants last place of employment:			
Length of employment:			
Persons financially dependent on applicant:			
Personal Resources:		Complete all resources below that apply to applicant.	
Primary Home	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Secondary Home Own <input type="checkbox"/> Rent <input type="checkbox"/>
Vehicles:			
Investments:			
Cash available:			
Amount of Debt:			

