



Benevolence Fund Application

Last Revised: Sep 23, 2024

Applicant's Section

Name: _____

Address: _____

Phone Number: _____

Email: _____

SMCC Campus Attended: _____

Amount Requested: _____

Date Needed: _____

Please describe the reason or circumstances for this request. Please be detailed. Attach additional pages to this application if needed.

Please list your employment history for the past three years.

Have you read the, "New Testament Guidelines for Church Benevolence" and, "SMCC Guidelines for Church Benevolence," found in the SMCC Policy on Church Benevolence? YES/NO

Please list any questions you have about the SMCC Policy on Church Benevolence.



Are you Fully Engaged at SMCC? YES/NO

- Serving on a Team
- Attending a Small group
- Inviting others to SMCC
- Growing Giver

Do you currently attend a small group at SMCC? YES/NO

Small Group Leader: _____

List two people (with phone numbers and emails) who attend SMCC that will vouch for your ministry participation. (If none, then give the names and phone numbers of your last two employers).

1. _____
2. _____

List two family members who will not directly benefit from this benevolence request (with phone number and email) to serve as references.

1. _____
2. _____

Have the family members listed above helped you financially in the past? YES/NO

Are they willing to help you now? If not, why not?

What government aid do you currently receive, if any?

Are you willing/able to work at SMCC in order to earn this money if such opportunities are available?
YES/NO

By signing below, I am agreeing that the information in the application above is true and accurate.



Applicant's Signature: _____

Applicant's Name (Print) _____ Date: _____



Campus Pastor Section

Name: _____

Campus: _____

Date: _____

Have you reviewed the applicant's Benevolence application? YES/NO

Is the applicant Fully Engaged at SMCC? YES/NO

Have you (or your designee) called the references listed in the application? YES/NO

After interviewing the applicant and their references, please state your recommendation for approval/disapproval of this application and your reasoning for this decision. If you recommend approval please state why you believe financial assistance will not perpetuate poor financial decision-making by the applicant. Please attach additional pages if needed.

Campus Pastor's Signature: _____



Executive Pastor of Church Operations Section

Name: _____

Date: _____

Is this application complete?

If "NO" What additional documentation is needed?

Does this application comply with the SMCC Church Benevolence Policy? YES/NO

Has the applicant applied for Church Benevolence more than once? YES/NO

If yes, how many times? _____

Are funds available in the Benevolence account to support this request? YES/NO

Executive Pastor of Church Operations Signature: _____



Lead Pastor Section *(if required)*

Name: _____

Date: _____

Check one:

This application is for more than \$500 and less than or equal to \$2,000. I approve/disapprove of this request.

This application is for more than \$2,000. I submitted this application to the Elder Board for consideration on _____ and a motion was passed to approve/disapprove of this request.

Lead Pastor's Signature: _____



Benevolence Request Cover Letter

Date: _____

What staff member is coordinating this benevolence request? _____

What campus is making this request? _____

Who is the benevolence request for (person asking for help)? _____

Who is receiving the funds (landlord, utility company, etc.)? _____

What is the payment method for this request (check, amex, etc.)? _____

If the payment method is check, who is this check being made out to? _____

Staff Signature: _____

Executive Pastor of Church Operations Signature (required): _____

Date: _____

Lead Pastor Signature (if required): _____