

EastLake Church Financial Assistance Application

Personal Information:

First Name: _____ Last Name: _____

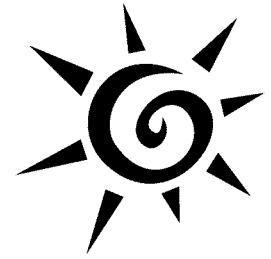
Address: _____ City: _____ State: _____

Zip: _____ Email Address: _____

Phone: Home #: _____ Cell #: _____ Date: _____

Place of Employment: _____

Work #: _____ Supervisor: _____



- Are you a member of EastLake Community Church? _____
(Attended Discovering Membership and signed Membership Covenant)
- Do you regularly attend EastLake Community Church? _____
 - For How long? _____
- Do you belong to a small group or serve in a ministry team? _____
Name of your small group /ministry team leader _____
- Do you tithe (give 10%) out of your income to EastLake Church? _____
- Are you willing to receive financial counseling from EastLake Church? _____

Situation Information:

What are the specific details of your situation?

What is your specific need / request?

For ECC Usage Only:

Approved: Y or N _____ Date verified/calendared: _____

Personal Interview Date: _____ Completed by: _____

Details of Decision
