



Application for Priority Projects

Genuine need must be clearly demonstrated from the information given in order for this application to be considered.

PERSONAL INFORMATION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Preferred Phone # _____ Email _____

Spouse/Partner _____ Married Widowed Unmarried

Give the names and ages of all dependents in your household _____

When did you begin attending Grace Church? _____ How often do you attend? _____

Give the name of a pastor, leader or other person at Grace Church who knows you _____

EMPLOYMENT INFORMATION – SELF

Employer _____ Salary/Wage _____ Hours worked per week _____

EMPLOYMENT INFORMATION – OTHER ADULT IN THE HOME

Employer _____ Salary/Wage _____ Hours worked per week _____

HOUSEHOLD INCOME

TOTAL Monthly Income [include wages, child support, government aid, etc]	\$
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DESCRIPTION OF CIRCUMSTANCES

Reason for request _____

Describe the project needed

List any materials you have on hand for this project _____

All the information I have provided is complete and accurate.

Signature _____ Date _____

ACTION [FOR OFFICE USE ONLY]

Approved for _____

Approved by _____ Date _____

Notification by _____ Date _____

Completion by _____ Date _____

Terms/Comments _____
