

Scandia Covenant Church
18 Peterson Road
Russell, Pennsylvania 16345 (814) 757-8052

Request for Financial Assistance Form

It is our purpose to assist people in emergency situations. To help us do that in the best possible way, we request that you complete this application form.

Name _____

Address _____

Phone _____

Family Members: (Names)

For what specific need do you want help? _____

How have you tried to meet this need yourself? _____

What is your source of income? _____

When will you receive your next check? _____

By signing this form, I/we agree to grant permission to the church to:

1. Verify information given verbally or on this form;
2. Receive information from other source about me/us;
3. Keep this information on file for

Disposition of this Request: _____

Signature and date
of Staff Member: _____