



United Methodist  
Communities

Abundant Life for Seniors

### Associate Benevolence Fund Application

I, \_\_\_\_\_ request consideration to receive financial assistance from the Associate Benevolence Fund.

Please state the nature of the catastrophic event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am asking for financial assistance in the amount of \$ \_\_\_\_\_ for this use.

I understand that my application will be reviewed by the Fund Coordinating Committee and an evaluation of need will be conducted to determine approval. Further, I understand that I am not required to re-pay any financial assistance awarded to me, but that I am encouraged to make a future donation to the fund if I am financially able.

Name: (please print) \_\_\_\_\_ Community: \_\_\_\_\_

Signature: \_\_\_\_\_ ED or HA Signature: \_\_\_\_\_

Date: \_\_\_\_\_ ARD Signature: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**Approvals**

Date Request Received: \_\_\_\_\_

Date Request Reviewed: \_\_\_\_\_

Benevolence Fund Committee Determination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Assistance Approved: \$ \_\_\_\_\_

Date Check Request Submitted: \_\_\_\_\_