



NORTHSHORE CHRISTIAN CHURCH

5700 23rd Dr. W | Everett, WA 98203

FINANCIAL AID APPLICATION

*Please fill out entire application, all pages. Partial applications cannot be processed.
Please write N/A in any places that are not applicable.*

PERSONAL INFORMATION

Last Name _____ Date of Application: _____

First Name _____ Middle Initial: _____

Address _____

City _____ Zip _____

Home # _____ Cell _____

Email _____

Marital Status: Single Married Divorced Widowed

Spouse or Roommate's Full Name _____

Number of children in the house _____

Are there any special needs of those in your household? Yes No

If yes, describe. _____

Others living at this address _____

Do you have family living nearby? Yes No

YOUR EMPLOYMENT STATUS

Employed Laid-Off Looking for Work Stay at Home

Most Recent Employer _____

Contact Name _____ Phone # _____

YOUR SPOUSE'S EMPLOYMENT STATUS

Employed Laid-Off Looking for Work Stay at Home

Most Recent Employer _____

Contact Name _____ Phone # _____

PLEASE CONTINUE TO NEXT PAGE.



PERSONAL INFORMATION

Two personal references are required; one may be a relative not living with you.

Name _____ Phone # _____

Relationship _____

Name _____ Phone # _____

Relationship _____

PERSONAL & SPIRITUAL NEEDS

I would like to be contacted about (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Encouragement for Personal Issues |
| <input type="checkbox"/> Recovery Issues | <input type="checkbox"/> Financial Counseling |
| <input type="checkbox"/> Marriage Counseling | <input type="checkbox"/> Child or Student Opportunities |
| <input type="checkbox"/> Prayer for Personal Issues | |

CHURCH AFFILIATION

Church Name _____ Phone # _____

Are you a member? Yes No Are you in a small group? Yes No

If no home church, I would like information about Northshore's services.

I would like a referral to a church near me.

SPIRITUAL BACKGROUND & JOURNEY

Do you have any spiritual beliefs?

To you, who is Jesus?

PLEASE CONTINUE TO NEXT PAGE.

WHY ARE YOU APPLYING FOR FINANCIAL AID?

How did you hear about Northshore’s Financial Aid Ministry?

Please describe your financial circumstances. What has caused them?

Have you applied to Northshore’s Financial Aid Ministry before? *(If yes, please list all previous times.)*

Are you receiving financial aid from any other sources? Yes No

Is this a one-time occurrence or long term? Explain.

What specific bills or obligations do you need assistance with? List individually.

TO WHOM	AMOUNT DUE	DUE DATE

I, the undersigned, give permission to any agency or agent listed above, to provide information to Northshore Christian Church, as needed, to process your request for Financial Aid.

To the best of your knowledge, everything on this application is true.

Please note, **IF ANY PART OF THE ABOVE INFORMATION IS FOUND TO BE FALSE OR INCORRECT, THIS REQUEST WILL BE DENIED.**

Signature _____

Printed Name _____ Date _____

CURRENT FINANCIAL SNAPSHOT

Current household monthly **income**:

- Employment \$ _____
- Unemployment Compensation \$ _____
- Disability Compensation \$ _____
- Food Stamps \$ _____
- Public Assistance \$ _____
- Child Support \$ _____
- Other Income or Assistance \$ _____
- TOTAL HOUSEHOLD MONTHLY INCOME \$ _____**

Will there be any changes to the above income in the near future (*i.e. new employment, public assistance filed for but no yet received, etc.*)? Yes No If yes, explain below.

Current household monthly **expenses**:

- Rent or Mortgage \$ _____
- Gas / Electricity \$ _____
- Utilities (water, sewer, garbage) \$ _____
- Car Payment \$ _____
- Car Insurance \$ _____
- Car Gas \$ _____
- Cell Phone \$ _____
- Groceries \$ _____
- Medical Payments \$ _____
- Health Insurance \$ _____
- Credit Card Payments \$ _____
- Credit Card Payments \$ _____
- Other Major Expenses \$ _____
- \$ _____
- \$ _____
- TOTAL HOUSEHOLD MONTHLY EXPENSES \$ _____**

We are a church and school community. For the safety of everyone, we ask, are you currently a registered sex offender? Yes No