

HOLDEN CHAPEL

FINANCIAL AID APPLICATION

Please attempt to answer all questions on this form. While we realize that many are personal in nature, the more specific you can be, the easier it will be for us to evaluate your situation. Thank you.

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Present Employer: _____

Employer's Address: _____

If unemployed, list the last three places you have worked or applied for work, and the dates:

1. _____

2. _____

3. _____

Names and ages of dependents:

Amount Requested: _____ Purpose of Funds: _____

Are you currently involved in a local church? _____ If so, please state which church: _____

Please fill in all information that applies to you. Write N/A if it does not apply.

| Gross Monthly Income | |
|---|--------|
| SOURCE | AMOUNT |
| Employment Income | |
| Public Assistance (Food Stamps, Welfare, etc) | |
| Other Income (Alimony, Child Support, etc) | |

| Total Assets | |
|----------------|-------|
| TYPE | VALUE |
| Bank Accounts | |
| Investments | |
| Property | |
| Life Insurance | |
| Automobile | |
| Other | |

| Monthly Expenses | | | |
|---------------------|---------|----------------|-------------|
| Type | Owed To | Monthly Amount | Amount Owed |
| Rent/Mortgage | | | |
| Auto | | | |
| Taxes | | | |
| Loans | | | |
| Utilities: Electric | | | |
| Telephone | | | |
| Credit Cards | | | |
| Other | | | |
| Other | | | |
| Other | | | |

Please list other sources of assistance that you have sought (family, loans, social agencies, creditors).

What is your plan to overcome your current financial struggles in order to become self-sufficient? How long do you anticipate it will take to become financially independent? What steps are you currently taking?

Are you willing to participate in financial counseling? Yes _____ No _____

For Office Use Only:

Name of Interviewer _____ Date _____

Recommendation

Action Taken
