

## Application for consideration for TSCOC's Benevolence Outreach Program

Thank you for your application for consideration of benevolence. Towne South Church of Christ is a new testament church built upon the New Testament model of the original church described in the book of Acts. As new testament Christians we follow the example of Jesus and the early church, where there is a genuine need we seek to help others.

"Command them to be good, to be rich in good deeds, and to be generous and willing to share." 1 Timothy 6:18

The following form must be completed to be considered. All lines marked with an \* must be filled out. Please type or neatly print your responses.

\*Date \_\_\_\_\_

### Contact Information

\*Name \_\_\_\_\_

\*Address \_\_\_\_\_  
\_\_\_\_\_

\*Phone \_\_\_\_\_

\*Cell Phone \_\_\_\_\_

\*E-mail \_\_\_\_\_

\*Marital Status \_\_\_\_\_ Children \_\_\_\_\_

\*Has this person (you) been nominated before? \_\_\_ Yes \_\_\_ No

If so, give the original application Date \_\_\_\_\_

\*If assistance was provided please provide the nature of the assistance.

\*Does this person (you) attend a church? \_\_\_ Yes \_\_\_ No

\*If you answered yes where? \_\_\_\_\_



\*How would this gift make a lasting change in the life of the recipient (your life)?

\*What is the person's (your) need? Please be thorough and specific with your response. Attach additional information if needed. Is the need financial in nature? If yes, what is the immediate financial need? Please include exact amounts, to whom the funds are owed, and any other information about the need that will benefit the team in making its decision. See Consent form on next page.

## Consent for Release of Information

I, \_\_\_\_\_ authorize the following agencies to provide information to Towne South Church of Christ for the purpose of obtaining services through their program "The Dollar Club". This release also allows Towne South Church of Christ to share information with the specified agency or agencies to help expedite services for the person seeking services.

Please initial each agency that is authorized:

Social Services       Salvation Army

Dominion Power    Account Number \_\_\_\_\_

Albemarle Electric Membership Account Number \_\_\_\_\_

City of Elizabeth City Account Number \_\_\_\_\_

Landlord: Please give name and contact information

\_\_\_\_\_

Medical Provider: Please give name and contact information

\_\_\_\_\_

Pharmacy: Please give name and contact information

\_\_\_\_\_

Fuel or Gas Company: Please give name and contact information

\_\_\_\_\_

Other information as needed: \_\_\_\_\_

Other Pertinent Information: \_\_\_\_\_

I sign this consent voluntarily and understand I authorize the consent for 90 days. If at anytime I desire to revoke this consent I will be allowed to do so with the exception of the information that has already been released prior to the date of revocation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Upon receiving the form our benevolence team will review it along with other applicants and make a decision on your request. We take each application very seriously and consider many factors when deciding whom we can help.

**If you do not hear from us within two weeks then we have decided to assist other requests. Please do not contact anyone on our staff regarding the decision making process or the status of your request.**

Once the form has been completed You can deliver it to our church office. See the address below. Or

email it to [b\\_c\\_adams@yahoo.com](mailto:b_c_adams@yahoo.com) or

send it to: Benevolence team  
Towne South Church of Christ  
2224 Peartree Road  
Elizabeth City, NC 27909

If you are a person submitting this form on behalf of someone else please provide the following contact information:

Name \_\_\_\_\_

Your relationship to the applicant \_\_\_\_\_

Do you attend TSCOC? \_\_\_\_ Yes \_\_\_\_ No

Email \_\_\_\_\_

Phone \_\_\_\_\_