

Star of Bethlehem Missionary Baptist Church
304 Spring Street, Ossining, NY 10562
Rev. Shaun E. Jones, Pastor

BENEVOLENT FUND REQUEST FORM
GUIDELINES

SBBC IS A LAST RESORT - WE PROVIDE A BASIC NEED ON A SHORT-TERM BASIS ONLY

The purpose of the Benevolent Fund is to provide individuals in need of emergency financial assistance. The Benevolent Fund is not intended for long-term financial support.

Applicants are not granted financial assistance based on their relationships with church leaders or their financial support of the church. However, all members are encouraged to support the Benevolent Ministry, because no one knows when they will find themselves in need. The church does not discriminate against applicants based on race, color, sex, national origin, age or disability. The church may provide short-term (or emergency) assistance to ensure that an applicant has the basic necessities.

All assistance granted to the applicant for emergency needs ***will be paid directly to the business or service provider***. Assistance may also be provided in the form of goods. The type of aid that is appropriate depends on the individual's needs and available resources.

BASIC REQUIREMENTS:

1. Need must be related to a short-term financial crisis (medical emergency, accidents, loss of job, etc.)
2. Requests for assistance are limited to Two (2) disbursements annually (within a 12 month period), Per Household (special circumstances will be reviewed).
3. Documentation supporting the financial need will be required.

EXCLUSIONS:

1. Legal fees related to family disputes.
2. Long term and repetitive expenses.
3. Non-essential expenses.
4. Mobile Phone (an exception can be made if it's your only phone)

BENEVOLENCE PROCESS:

1. Contact your Tribal Team Leader for a Benevolent Request Form.
2. Complete and submit the Benevolent Request Form to your Tribal Team Leader with the appropriate documentation (incomplete forms will not be processed).
3. The Tribal Team Leader will submit the form to the Benevolent Treasurer.
4. The Benevolent Treasurer and Deacon Chairpersons will review the request and present it to the Pastor for the final approval. If approved, the check will be issued to your provider as soon as possible.

Additional Criteria:

If more than two requests are made annually, you will be given a list of other non-profit agencies and advised to seek the assistances of a professional financial advisor.

Requests should be made at least a Week in Advance
SUBMITTING THIS FORM DOES NOT GUARANTEE MONETARY SUPPORT WILL BE PROVIDED

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NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE NUMBER: (H) _____ (C) _____ (W) _____

E-MAIL: _____

SBBC MEMBER: YES /NO FINANCIAL SUPPORTER (TITHER) YES/NO

TRIBAL TEAM LEADERS: _____

HAVE YOU EVER RECEIVED BENEVOLENT SUPPORT FROM THE STAR? YES/NO

SPECIFIC REASON FOR THIS REQUEST:

(DOCUMENTATION REQUIRED)

___ RENT/MORTGAGE ___ EMERGENCY UTILITIES EXPENSE: OIL-GAS-ELECTRIC-WATER

___ FOOD ___ EDUCATIONAL EXPENSES

___ EMERGENCY AUTO EXPENSE (up to \$300.00)

___ EMERGENCY AUTO REPAIR (up to \$500.00)

___ EMERGENCY MEDICAL ASSISTANCE (PRESCRIPTIONS/COUNSELING)

___ OTHER _____

ARE YOU CURRENTLY EMPLOYED? YES/NO ___ FULL-TIME ___ PART-TIME

DO YOU HAVE OR HAVE YOU SOUGHT OTHER FINANCIAL RESOURCES: YES/NO

___ I HAVE SOME OF THE MONEY ___ FAMILY ASSISTING ___ FRIENDS ASSISTING

___ SOUGHT GOVERNMENT ASSISTANCE ___ CHARITABLE ORG.

AMOUNT REQUESTED: _____

BUSINESS OR ORGANIZATION FUNDS TO BE SENT TO: _____

Official Use Only

___ APPROVED

___ NEED MORE INFORMATION

___ DENIED

MORE INFORMATION NEEDED: _____

CHECK #: _____ CHECK DATE: _____ AMOUNT GIVEN: _____

CHECK GIVEN TO _____ FOR DELIVERY

BENEVOLENT TREASURER OR CHAIRPERSON'S SIGNATURE: _____

PASTOR'S SIGNATURE: _____