

Wellsboro District
Good Samaritan Fund
Regular Request Form

Local church, Pastor or Agency Making Request _____

Address _____ Zip _____

Phone Number _____

Indicate the Amount Requested here: _____

Is this the Total amount needed? If not, please list: _____

What other sources will be used to meet this need?

Indicate the Nature of the Request and how the funds are to be used: (use back of page if needed)

Does this request fall within the guidelines of the Good Samaritan Fund? ___ yes ___ no

Does this person(s) have a relationship with this local congregation? ___ yes ___ no

How is the person known to the pastor making this request?

What is the plan to follow up with this person?

Describe this person's willingness to covenant to be engaged in some facet of the life of a congregation.

Who lives in the household and what are their ages;

Has this household received monetary support from other sources in the last twelve months;

Does this person/family receive supportive services on a regular basis;

Does anyone else in the family contribute to monthly income;

What steps have been taken to prevent like occurrences in the future.

Have you verified this need? _____yes _____no

Has any request been made on behalf of this person(s) in the past 12 months? ___yes ___ no

Recipient's Name: _____

When are the funds needed and who will supervise their use and distribution?

Date _____ Signature _____

Forward to District Superintendent

Revised: 09/03/08

BOD Date of Approval: _____