

# Mercy Fund Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a Gashland EPC member? Yes \_\_\_ No \_\_\_ If not, how long have you attended? \_\_\_\_\_

**Please use the reverse side of this form to provide additional details explaining your situation. A member of the Mercy Fund Board may call you for more details.**

Elder Under-shepherd: \_\_\_\_\_

What amount are you requesting from the Mercy Fund? \$ \_\_\_\_\_

What will these funds be used to pay? (Utility, car repair, etc) \_\_\_\_\_

Describe the circumstances that prevent you being able to make payments(s) at this time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what other financial avenues have been pursued? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your plan for next month and future on-going expenses? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever received aid/counsel from the Mercy Fund at GEPC? Yes \_\_\_ No \_\_\_

If yes, please describe. \_\_\_\_\_

When? \_\_\_\_\_ How much? \_\_\_\_\_

Who referred you? \_\_\_\_\_

***Please attach copies of bills to this form or mail to: Gashland Evangelical Presbyterian Church, 8029 N. Oak Trafficway, KC, MO 64118 ATTN: Mercy Fund Board***

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ADDITIONAL INFORMATION:

**For Mercy Fund Board use only**

Identifier: \_\_\_\_\_ DATE: \_\_\_\_\_

AGREE  DISAGREE Initials: \_\_\_\_\_

AGREE  DISAGREE Initials: \_\_\_\_\_

AGREE  DISAGREE Initials: \_\_\_\_\_

Terms: (Amount) \_\_\_\_\_ Payable to: \_\_\_\_\_