

## **The Brethren Mutual Aid Share Fund, Inc. Application**

Name of Congregation :

EIN of Congregation :

\_\_\_\_\_

Name of Applicant Seeking Assistance : \_\_\_\_\_

1. Provide a brief description of the concern:
2. State the income situation of the applicant(s) for which assistance is requested. This should include past, present and possible future income.
3. Give a brief description of ways the congregation currently is working at this problem, financially and otherwise. (Please attach photocopy of the check(s) issued by the Congregation, made payable to or on behalf of the applicant.)
4. Give other sources of income (i.e. family, friends and community or government funds.)
5. Other information that might be helpful during the approval process.

Name of person completing this form: \_\_\_\_\_

Position in the Church: \_\_\_\_\_ Telephone # \_\_\_\_\_

Church Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return completed form and a photocopy of the check(s) issued by the congregation to:**

**Brethren Mutual Aid Share Fund, Inc.**  
3094 Jeep Road, Abilene, KS 67410  
Phone: 800-255-1243  
Fax: 800-238-7535