

# GOOD SAMARITAN FUND APPLICATION

Name of Recipient: \_\_\_\_\_

Name of Applicant (If different from above): \_\_\_\_\_

- Is the Recipient aware of your application?    Yes    or    No
- Do you want to be remained anonymous?    Yes    or    No

Cause(s) of Application (Explanation of the situation and how the fund would be a help for the recipient):

Amount to be Considered: \$\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please, turn in the application to Pastor directly. This application will **NOT** be shared with any committees or individuals.)*

**ZION UNITED METHODIST CHURCH**  
1001 24<sup>th</sup> Ave. South  
Grand Forks, ND 58201  
701.772.1893  
office@zion-umc.org