

# The Garden of Shalom

## Special Needs Request Form

*\*Person receiving funds may apply once per calendar year, unless Pastor overrides committee's decision*

### **Must select One**

Personal Hardship

Physical or Natural Disaster

Funeral Cost

Community Project

Other

**Please Answer the following questions completely.**

*(All the information given will be confidential)*

1. What is the purpose of this request?
2. When do you need the funds?
3. Have you ever applied to receive funds?
4. Other information that would be helpful in reviewing the application.

Signature:

Date: