

The Golden Cross Application for Financial Assistance Please Give Complete and Detailed Information – Type or Print

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| Date of this Application: |  |
| **APPLICANT INFORMATON** |
| Full Name: |  |
| Date of Birth: |  | Date of Illness/Injury: |  |
| Street Address: |  |
| City, State, Zip |  |
| E-mail Address: |  |
| Primary Phone: |  | Secondary Phone: |  |
|  |
| **APPLICANT CHURCH INFORMATION** |
| Church Name: |  |
| Senior Pastor |  |
| Pastor’s E-mail: |  | Church Phone: |  |
| United Methodist District Name: |  |
| Has the church or district assisted this person financially? | Yes |  | No |  |
| If yes, please give details. |  |
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| Has the applicant received Golden Cross funds before? | Yes |  | No |  |
| If yes, when and what amount? |  |
| If applicant is not a United Methodist, explain why this assistance should be given. |
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| **APPLICANT FINANCIAL & INSURANCE INFORMAITON** |
| Amount of financial golden cross grant requested : |  |
| Average Monthly Income: |  |
| Employer of applicant or other person responsible for medical expenses: |
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| If currently unemployed, applicants last place of employment: |
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| Length of employment: |  |
| Persons financially dependent on applicant: |  |
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| **Personal Resources**: | Complete all resources below that apply to applicant. |
| Primary Home | Own |  | Rent |  | Secondary Home | Own | Rent |
| Vehicles: |  |
| Investments: |  |
| Cash available: |  |
| Amount of Debt: |  |

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| --- | --- | --- | --- | --- | --- |
| **Insurance** | Do you have private health insurance? | Yes |  | No |  |
| If yes, name: |  |
| Do you have? | Medicare | Yes / No |  | Medicaid | Yes / No |  |
| Home Owners | Yes / No |  | Motor Vehicle | Yes / No |  |
| Worker’s Compensation | Yes / No |  |
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| **APPLICANT MEDICAL INFORMATION** |
| Medical Provider Name: |  |
| Street Address: |  |
| City, State, Zip: |  |
| Phone number: |  | Fax number: |  |
| E-mail Address: |  |
| Medical Issue: | What was the medical issue an | Illness? |  | Injury? |  |
| If an injury, was it a | Motor Vehicle Accident? |  |
| If an injury, was it | Work related? |  |
| If an injury, was it | At someone’s home or business? |  |
| **Please give details below why Golden Cross assistance is needed**.For example, what is your diagnosis and how long have you been ill. Attach with this form the bills related to this illness/accident you need our committee to consider.We will be in touch with the applicant and/or the pastor when this form is received. |
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| **Signature of Local Pastor, or Full Connection Clergyperson Date** |
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| **Signature of Applicant Date** |

E-mail completed application and attachments to:

Alina Crews, Administrator, Center for Congregational Excellence – acrews@ngumc.org