



## Walnut Grove Church Financial Assistance Guidelines

Date: \_\_\_\_\_ Name of Walnut Grove Representative: \_\_\_\_\_

### **GUIDELINES FOR FINANCIAL ASSISTANCE:**

- **Walnut Grove will give a one-time donation to those who are not associated with the local assembly of Walnut Grove. This donation is not to exceed \$200. No other financial help is available unless the person receiving help begins to attend church services and pursues the values and "Directions" of Walnut Grove Church.**
- Walnut Grove will give a one-time donation, per year, with a maximum additional two donations (not to exceed \$300 annually) to those who are associated with the local assembly.
- It is Walnut Groves' first desire to give specific help for a specific need. For instance we seek to pay a rent bill directly to the apartment complex or gas company, before writing a general check to the person asking for assistance.
- Exceptional circumstances will be considered on a case by case basis by the Lead Pastor.
- The FISH of Orchards ( 360-256-2440) is available for anyone who is in need.

### **GUIDELINES FOR MEMBERS OF WALNUT GROVE** (pertaining to financial counseling):

- A pastoral counseling session is required before any financial assistance is given.
- There is a \$400 cap every 24 month, and assumes the counselee will contribute to the cost.
- Financial need must be established prior to providing benefit and will be determined by the pastoral staff.

### **PROCEDURE:** Please collect the following information:

Have you received financial help from Walnut Grove Church before? Y  N  Date \_\_\_\_\_

**Person requesting assistance:** **Amount you are requesting:** \$ \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Connection to Walnut Grove: \_\_\_\_\_

Brief description of situation: \_\_\_\_\_

### **Name and address of payee:** (if more than one payee attach additional information)

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Account# \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### ***For office use only:***

Approved: Y  N  Amount: \_\_\_\_\_ Check# \_\_\_\_\_

Approved by: \_\_\_\_\_ Date Completed: \_\_\_\_\_