

Lazarus Fund Sponsorship Agreement

Name of applicant: _____ Date of first contact: _____

Name of Team Contact: _____ Name of church: _____

Applicant's affiliation with our church: _____

Assessment of Total Need

Your assessment of the applicant's total emergency financial need \$

Your assessment of the applicant's additional needs (please check all that apply):

_____	Food and basic supplies	_____	Professional help with:
_____	Shelter, housing	_____	Credit counseling
_____	Clothing	_____	Legal advice
_____	Fellowship, social needs	_____	Addiction
_____	Prayer, spiritual needs	_____	Other, please explain:
_____	Other, please explain:	_____	

Please indicate your church's ability/commitment to help the applicant in non-financial areas:

Name and phone number of church member responsible for on-going follow-up with this applicant:

Sponsor's recommendation

_____ Advise immediate help

_____ Advise help if applicant can find ways to address the whole financial problem. We will follow up with the Committee.

Amount of grant recommended (up to \$200):

\$ _____

Payee & Address:

10/07

Committee Action

_____ Follow-up Call Made

_____ Grant made of \$ _____

_____ Grant conditionally approved of \$ _____ pending applicant fulfilling commitment to raise additional funds or to make payment arrangements with creditor by _____ (date)

_____ Request denied (see back for details)

GRANT # _____

Approved by _____