

BENEVOLENCE FUND CRITERIA
NCCB BOARD TO DETERMINE ELIGIBILITY
YOU ARE EXPECTED TO ATTEND ALL CONFERENCE
MEETINGS, UNLESS YOU ARE SICK.

Please complete entire form and please send backup documents on total household income; we want you to attend the conference but failure to send these backup documents will affect consideration for eligibility.

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: (____) _____ **EMAIL:** _____

1. NET YEARLY INCOME (please circle one):

\$5,000 to \$10,000

\$10,000 to \$15,000

\$15,000 to \$20,000

\$20,000 and up

2. UNEXPECTED HARDSHIP OR FINANCIAL STRAIN DURING THE PAST YEAR: (please explain)

MEDICAL: _____

FAMILY: _____

OTHER: _____

3. IS THE ABOVE LISTED FINANCIAL HARDSHIP (put x) TEMPORARY? Yes___ No___ ONGOING? Yes ___ No___

4. NUMBER OF PEOPLE RESIDING IN YOUR HOME: _____

NAMES: _____

THEIR AGES: _____

5. PLEASE EXPLAIN WHAT YOU HOPE TO GAIN BY ATTENDING THE CONFERENCE: _____

6. PLEASE EXPLAIN WHAT YOU FEEL YOU COULD CONTRIBUTE TO THE CONFERENCE:
Giving Devotions: _____
Reading Scripture: _____
Song Leader: _____
Choir Member: _____
Sighted or partially sighted Guide: _____

7. ANY OUTSIDE HELP WITH FINANCING? (please explain)
Family: _____
Church: _____
Friends: _____
Other: _____

ADDITIONAL COMMENTS: _____

NOTE: BENEVOLENCE FINANCIAL HELP IS AVAILABLE AND AFTER NCCB RECEIVES YOUR APPLICATION, YOU WILL BE CONTACTED EITHER BY PHONE OR EMAIL.

**MAIL COMPLETED FORM TO:
THE NCCB
P.O. BOX 276
EDMOND, OK 73083**