

**CONFIDENTIAL**  
**Deacon Fund Financial Assistance Application**  
**Wayzata Community Church**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Member at WCC since:** \_\_\_\_\_

**Or - I attend** \_\_\_\_\_ **Church**

**Pastor's name** \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Date funds are needed:** \_\_\_\_\_

**PAYEE:** \_\_\_\_\_

\_\_\_\_\_ **Phone** \_\_\_\_\_

**Please note:** Funds will be dispersed upon approval by a Pastor at WCC. Checks will not be issued to individuals in need. You must provide us with the name of Medical Center, Landlord, or other to whom your bill is responsible. It will take one week to process a check before it is placed in the mail.

\_\_\_\_\_ This is my first request

\_\_\_\_\_ Or list previous requests and grants of funds from WCC (please indicate dates):

Other agencies contacted and pledges of support:

\_\_\_\_\_ IOCP                      \$ \_\_\_\_\_

\_\_\_\_\_ Salvation Army      \$ \_\_\_\_\_

\_\_\_\_\_ Other                      \$ \_\_\_\_\_

Personal circumstance (explanation): \_\_\_\_\_

Social Service Counselors to be contacted: \_\_\_\_\_

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Requested

Approved

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