

**DICKINSON PRESBYTERIAN CHURCH
NEIGHBORS IN NEED FINANCIAL ASSISTANCE REQUEST FORM**

DATE _____

REQUESTOR: _____ PHONE: _____

REQUESTED ON BEHALF OF: _____

1. Total amount requested \$ _____

2. Date resources needed

3. Briefly describe how this money will be used:

Thank you for submitting this request!
Please return form to the church office

DO NOT WRITE BELOW

****For Mission and Outreach Committee and Session Only****

4. Rational for approval or disapproval

5. Final Recommendations

_____ approved _____ disapproved

Signatures: _____
Mission and Outreach Chair Pastor or Clerk of Session

Date: _____