FIRST PRESBYTERIAN CHURCH

Acts 2 Fund Application for Financial Assistance

Date Submitted: _____

Applicant Information

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Driver's license number:_____

Household Information

Number of adults in household: _____

Number of children in household: _____

Connection to FPC Lakeland

How are you connected to First Presbyterian Church Lakeland? (Check all that apply)

☐ Regular worship attendee, which service _____

☐ Ministry participant, which ministry _____

☐ Church member, membership date: _____

☐ Other: _____

How long have you been attending or participating?

☐ Less than 3 months

☐ 3–12 months

☐ 1–2 years

☐ More than 2 years

Financial Assistance Requested

What type of assistance are you requesting? (Check all that apply)

☐ Rent / Mortgage

☐ Utilities

☐ Food

☐ Clothing

☐ Medical Expenses

☐ Other (please explain): _____

Description of Need

Please briefly describe your current financial situation, why assistance is needed, and how long the assistance may be needed:

Amount Requested

Total amount requested: $_____

Other Sources of Assistance

Have you sought assistance from other sources?

☐ Yes

☐ No

If yes, please explain:

_____

_____

Supporting Documents

Please attach copies of any bills, invoices, estimates, or statements related to this request.

Counseling Acknowledgment

I understand that applicants may be asked to participate in financial, family, or emotional counseling as part of the assistance process.

☐ I acknowledge and agree.

Applicant Certification

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that assistance from the Acts 2 Fund is not guaranteed and is subject to review according to church policy.

Applicant Signature: _____

Date: _____