

**COVID-19 COMPASSION FUND ASSISTANCE APPLICATION**

**DEADLINE:** December 21, 2020 at 12:00 PM (Noon)

**APPLY ONLINE or E-MAIL** completed form to Shari Uyematsu // [shariuye@yahoo.com](mailto:shariuye@yahoo.com)

**Please note:** This application is confidential and only the review team will see your application. We are eager to help you, but we can't guarantee financial assistance because funds are limited. We will pray for you and your family's needs whether or not you receive funds.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. How did you hear about the COVID Compassion Fund? (Please list the names of any FOL members you talked to, if applicable.)

\_\_\_\_\_

2. What type of financial or other assistance do you need? (Please be as specific as possible. We will consider requests up to a maximum of \$2,000.)

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\_\_\_\_\_

3. When do you need this assistance? Please list the date by which you need these funds.

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4. How are you experiencing God during this difficult time?

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5. Is there any other information we need to know?

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