

**First Alliance Church Internal Benevolence Request Form
For Counseling Expenses**

Please complete this form entirely and allow 5-7 business days for a reply.

Personal Information

Date _____

Name _____

Phone _____

Address _____

City

State

Zip

Number of Children and ages _____

Name of Spouse _____

Current employment status _____

Specific Request

After praying, I believe I am supposed to contribute \$_____ toward my counseling expenses for myself or my family member.

What circumstances have led to your need for financial assistance?

How frequently do you attend FAC? _____

Please provide any other details that may be helpful in processing your application.

I understand that the information I provided on this form will be shared with a committee to determine my need.

Signed: _____ Date: _____