

JESUS IS LORD!

TRINITY FELLOWSHIP CHURCH

Sports Ministry
Team Genesis & LOVE Swimming
Education Ministry
Genesis Academy Christian School

Application for Assistance

An Application for Assistance can take 4-6 weeks to process (please, one request per application)

Today's Date: _____

Athlete/Student's Name: _____ Male/Female: _____

D.O. B. _____ Age: _____ Athlete/Student's Race/Ethnicity: _____

Home Phone: _____ Cell Phone: _____ Fax: _____ Email: _____

Please indicate Athlete/Student's type of school, grade and level of Education:

Home School ___ Public: ___ Private: ___ Name/Address of School: _____

Pre-School: ___/___ Elementary: ___/___ Jr. High: ___/___ Sr. High: ___/___ College: ___/___ Graduate: ___/___

Does Athlete/Student have a Disability (please describe)? _____

Emergency Contact: _____ Phone(include area code): _____

Church/ Religious Affiliation/Address: _____

Self/Parent/Legal Guardian's Name: _____

Home Phone: _____ Cell Phone: _____ Fax: _____ Email: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Employer Name/Address/Phone : _____

I/We are requesting Assistance for (name): _____ Tell us your need.

Answer these # 1 & 2 only: (1) I need (\$amt, service, other) & (2) For (one thing only):

Remember, you are responsible for your needs during the processing of your application

Requestors Signature: _____

Office Only:

Date Received: _____ By: _____

Action Date: _____ Approval (Description): _____

Action Date: _____ Decline (Description): _____

By: _____, Program Director

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"Love one another. As I have loved you, so you must love one another". John 13:34