

High Oaks, Inc.

726 Fitzwatertown Rd #7. Willow Grove, PA 19090 tel: 215-706-4300 fax: 215-706-0198

APPLICATION FOR BENEVOLENCE

(Please return by the 15th of the month for consideration at the next monthly meeting)

Please help us evaluate your request by completing this brief application. All information you provide will be kept strictly confidential.

Name: _____ Tel: () _____

Address: _____

City: _____ State: _____ Zip: _____

1. Reason for requesting benevolence? *(Explain the financial need including the source of your present income.)*

2. Are you relying on God for healing through the application of Christian Science, and receiving treatment from a Christian Science practitioner?*

3. Are you a member of a Christian Science branch church or Society? _____

If not, are you able to attend Christian Science services regularly? _____

4. What other sources of financial assistance do you have to help pay these bills, including but not limited to, health insurance, family members, church or association?

5. Have you made application to other Christian Science benevolence sources? _____ .

If yes, where? _____

6. Estimated amount of benevolence needed? _____

(Please enclose copies of appropriate bill. Bills are paid directly to where the money is owed.)

Signature of Applicant: _____ Date: _____

* High Oaks, Inc. is devoted to providing benevolence for individuals who are relying on God through the application of Christian Science for healing. Benevolence is based on need while one works out their demonstration in Christian Science.