

SDB INDIVIDUAL FINANCIAL PARTNERSHIP APPLICATION

Applicant Name: _____ Application Date: _____
Birth Date: _____ Phone #: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Country: _____ Email: _____
SDB Church: _____

Have you spoken with a Conference Director about this request? YES NO

If so, who: _____

Type of Financial Partnership Requested:

Leadership Development / Educational Assistance
Wellness (Counseling, Coaching, Financial Literacy, Gym Membership, etc.)
Financial Hardship (medical, etc.)
Other _____

Amount Requested: _____

What opportunity are you pursuing? _____

Who is providing the opportunity? _____

Where is it taking place? _____

When is it taking place? _____

Other Information: (You may also attach additional information/documentation)

If the request is not approved in full, would you be interested in: Matching Funds Loans

OFFICE USE ONLY

Date Application Received: _____

Reviewer 1: Grant Administrator Yes No Date: _____

Reviewer 2: Director Team Yes No Date: _____

Reviewer 3: General Council Yes No Date: _____

Reviewer 4: Memorial Board Yes No Date: _____

Funds Disbursed From: _____ Date: _____

Amount Awarded: _____ Program/Scholarship: _____

Reporting Requirements / Conditions / Contingencies (To whom; when; how; etc.):

Approval, Conditions, and Requirements communicated to applicant on: By: _____

Date: _____

Please use this space to add additional information: (You may also attach other documents along with this application.)