

APPLICATION FOR FINANCIAL COACHING

Application date: _____

YOUR INFORMATION

Name: _____ Date of birth: _____

Home address: _____

Cell phone: _____ Email: _____

SPOUSE INFORMATION

Name: _____ Date of birth: _____

Vocation: _____ Cell phone: _____

Children and ages: _____

MINISTRY INFORMATION

Congregation serving or ministry setting: _____

Address: _____

Work phone: _____ Start date: _____ Role/title: _____

Credentials: OWSa OWSe COM CM ML WML BVL*

*Ministers holding a BVL may be eligible for FL funds; please review eligibility guidelines and contact the Director of FinancialLeadership for more information.

If your ministry is in a congregational setting, please complete the following.

Setting: Urban Rural Suburban Other _____ Avg. attendance: _____

Annual budget: \$ _____ Avg. weekly offering: \$ _____

