

# Ballston Area Clergy Association Community Assistance Fund

This fund serves residents of the Ballston Spa School District: Milton, Malta, Ballston, and Charlton.

Please submit this application directly to the church/ clergy on call for the month. Allow 1-2 weeks for application to process.

<u>July—August 2017</u> First Presbyterian Church, 22 West High St, 885-5583, Dr. Sue Getsch	<u>January—February 2018</u> First Baptist Church, 202 Milton Ave., 885-8361, Deacon Bob Staulters
<u>September—October 2017</u> Community Alliance Church, 257 Rowland St., 366-5261, Pastor Newton	<u>March—April 2018</u> United Methodist Church, 101 Milton Ave., 885-6886, Pastor DeFelice
<u>November—December 2017</u> Christ Episcopal Church, 15 West High St., 885-1031, Father Derik Roy	<u>May—June 2018</u> First Presbyterian Church, 22 West High St, 885-5583, Dr. Sue Getsch

Today's Date: \_\_\_\_\_

Full name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

**What is your request or need (please be very specific):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only
Request granted by _____
Check # _____
Payable to _____
Amount _____
Date mailed _____
Notes _____ _____ _____

Number of adults involved: \_\_\_\_\_ Number of children involved: \_\_\_\_\_

**Are you a member/ regular attendant of a local church?** \_\_\_\_\_

**What is your current employment status?** \_\_\_\_\_  
\_\_\_\_\_

**What other organizations have you contacted for assistance?** \_\_\_\_\_  
\_\_\_\_\_

**Personal reference who can confirm your need(s) (friend, relative, pastor, social worker, etc.):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**If your request is for help paying a bill (utilities, rent, etc.):**

Landlord/ Utility Company/ Others: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Account number (if applicable): \_\_\_\_\_

Checks will be mailed to the address above (landlord/ utility company)