

Date _____

Application for Assistance

Calvary Independent Baptist Church
1225 Robert Fulton Hwy.
Quarryville, PA 17566

Name _____ Age _____ Phone _____

Address _____ Apt or Trailer# _____

City/State _____ Zip _____ Bus Route _____

Have we helped you in the past? _____ Date of assistance _____

Children:

<u>Name:</u>	<u>Grade</u>	<u>Do they attend Sunday School & Where?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Explanation of need for assistance:

Other agencies that have helped you and the date:

DO NOT phone the church office. Submit completed form for consideration to your bus captain. We will contact you if we can help.