

Church Health Assistance Request

Church Name _____

Church Address _____ City _____ zip _____

Name of Person Submitting _____ Position in Church _____

Pastor's Name _____ Year pastor accepted position _____

Is the Pastor aware you are submitting this form? ___ Yes, ___ No

(SBOM will accept your application but will not begin working with the church until first speaking with the Senior Pastor)

Year church was founded _____

Current average worship attendance _____ Average attendance 1 yr ago _____, 5 yrs _____

In twenty-five words or less what is your major reason for this request:

The average age of your church attenders on Sunday morning (ex. 25-40, 65 & up,) _____

What outcomes would you like to experience as a church with assistance from SBOM?

What "official" discussions have taken place in your church concerning reaching out for assistance from SBOM?

In your opinion, where is the general mindset of the members of your church concerning assistance in revitalization? (Check one)

___ complacent ___ Reluctant, but understand it is needed

___ Rather stay the way we are ___ Ready for assistance ___ Eager

While much of our assistance is complimentary through Cooperative Program gifts, is your church willing to pay a portion of the costs for resources that might be incurred?

___ Yes, ___ No