



COMMUNITY ASSISTANCE APPLICATION

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Name:			Age:		
Address:			Phone:		
City:	State:	Zip:	Cell:		
E-mail:					
Amount requesting:		Is this a one-time request?	Yes		No
If no, indicate duration and frequency, i.e. every month for one year:					
Are you a member of NHCO?	Yes		No		How Long:
Name of the church/organization you are seeking support for:					
Brief Statement of Mission of requesting organization:					
Specific purpose of funds requested (Please be as specific as possible):					

If approved the organization will be required to provide bi-monthly reports on how these funds are contributing to the community. Please list specific goals for this organization and identify whether they are annual, monthly, etc. goals:

If approved, please make check out to:

Preferred method of payment:

Name of Organization:

Person to contact:

Address:

City:

State:

Zip:

Phone:

Please place in an envelope and hand-carry or mail to:

New Hope Central Oahu/MAT
P.O. Box 893855
Mililani, HI 96789-0855

NHCO MISSIONS MINISTRY USE ONLY

Approved by MAT:

Date:

NHCO Board Approval:

Date: