



HUNGER FUNDS ASSISTANCE REQUEST

form should be completed and return to WVCSB office before assistance awarded

CHURCH NAME _____

CHURCH ADDRESS _____ CITY _____ ZIP _____

CHURCH PHONE _____ CONTACT PERSON _____

CONTACT PERSON PHONE _____

CONTACT PERSON

EMAIL _____

Description of hunger fund projects & programs _____

Goals of

Project _____

Measure of

Success _____

Opportunities within project to share

Gospel _____

COMMENTS _____

AMOUNT

REQUESTED: _____

Office Use: Approval By _____ Date _____

Return form to West Virginia Convention of Southern Baptists

c/o CCM director's office or email aimeescalf@wvcsb.org

One Mission Way Scott Depot, WV 25560 304 757 0944 or fax 304 757 7793