



**GOLDEN CROSS FUND
NORTH CAROLINA ANNUAL CONFERENCE
OF THE UNITED METHODIST CHURCH**

APPLICATION

Name of Patient _____ Date _____

Address _____

City, State/Zip _____

Member of _____ United Methodist Church for _____ years.

Age: _____ Marital Status: Single Married Divorced Widowed Number of Dependents _____

Monthly Income _____ (from all sources)

Personal Property Value _____ Real Estate Value _____

****Please attached a statement (in your own words) describing your situation. Tell why you are applying for assistance from Golden Cross.**

I hereby request \$ _____ in Golden Cross Assistance. I certify that this is a need which cannot be met without extreme and undue financial hardship. (If an applicant other than the patient signs this form, please attach an explanation.)

Signature of Patient

Date

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Pastor's Statement of Verification and Recommendation

Pastor: Please attach a statement explaining why you believe this person is eligible for Golden Cross Assistance. Include in your statement: **1)** amounts owed in medical bills, **2)** assistance and support from relatives, friends, church, insurance, social service agencies, or any and all potential resources. Please state any unusual circumstances, which are pertinent. Golden Cross is only for use in situations of extreme financial hardship. The maximum annual grant is \$2000. The approved amount may be distributed so as to provide the most benefit to the patient.

I certify, that in my judgment, this is a bonafide need which cannot otherwise be met without extreme financial hardship on the applicant.

Pastor's Signature

Date

I recommend Golden Cross aid for _____ be approved as follows:

Hospital _____ Address _____ Amount _____

Physician _____ Address _____ Amount _____

Other _____ Address _____ Amount _____

Amount _____

Attach a detailed listing if necessary. Total not to exceed \$2000.

Mail application to: **Rev. Richard Vaughan, Director**
P O Box 776
Shallotte, NC 28459

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Conference Director's Action

Received _____ Approved _____ Denied _____
(Reason) _____

Signature _____ Date _____