

Confidential

American Lutheran Church of Windom

COVID-19 FINANCIAL ASSISTANCE APPLICATION

Name: _____

Employer: _____ **Lay-off Date** _____ (if applicable)

Employer Contact Number to Verify Employment: _____

For What the Money Would Be Used: _____

Total Bill Amount: _____

Amount You're Requesting: _____

Name and Address to Where You Would Like the Money Sent:
(Checks will be made and mailed out to the need, not the applicant)

Please mail applications to:

**American Lutheran Church of Windom
Attn: Adam Roberts
PO BOX 188
Windom, MN 56101**

ALC members have priority. Assistance is not guaranteed as it depends on how much money was donated for this fund and how many requests we get. The committee will choose which requests to fulfill and how much each request will be given while not knowing from whom any of the requests came. If your request is granted you will be notified no later than June 26, 2020