

APPLICATION FOR FINANCIAL COACHING



Application Date: _____

YOUR INFORMATION

Name _____ Date of Birth _____

Home Address _____

Cell Phone _____ Email _____

SPOUSE INFORMATION

Name _____ Date of Birth _____

Vocation _____ Cell Phone _____

Children and Ages _____

MINISTRY INFORMATION

Congregation Serving or Ministry Setting _____

Address _____

Work Phone _____ Start Date _____ Role/Title _____

Covenant Credentials: OWSa OWSe COM CM ML WML BVL*

**Ministers holding a BVL may be eligible for FL funds; please review eligibility guidelines and contact the Director of Financial Leadership for more information.*

If your ministry is in a congregational setting, please complete the following.

Setting: Urban Suburban Rural Other _____ Avg. Attendance _____

Annual Budget \$ _____ Avg. Weekly Offering \$ _____

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APPLICATION FOR FINANCIAL COACHING QUESTIONNAIRE

Please answer the following questions related to your participation in Financial Coaching.

Have you participated in a Jump Start Retreat? Yes No

Please identify your take-aways from the Jumpstart retreat.

What prompts your desire for financial coaching?

What do you need from a financial coach? Name two or three areas you wish to work on with a coach.

What are your hoped outcomes?

Read through the coaches bios on the Financial Leadership website and identify up to three individuals you would be interested in being paired with for coaching.

Have you signed the voluntary coaching agreement? Yes No

Signature _____ Date _____