

Harvest of Hope Fund
 Madison Christian Community
 7118 Old Sauk Road
 Madison, WI 53717
 Phone: (608) 836-4633
 FAX: (608) 836-7658



APPLICATION FORM

Name(s) _____ Years in farming _____
 Address _____
 City _____ State _____ Zip _____
 Phone(____) _____ County _____

Gift amount requested (upper limit is \$1,500) \$ _____

Financial situation as of January 1 of this year:
 Estimated total debt \$ _____ Estimated total assets \$ _____

Intended purpose for the gift (be specific): _____

Describe your farming situation (enterprises, size of operation): _____

Describe your family situation (married? children? ages of kids?): _____

By signing this application, I/we acknowledge having read the Harvest of Hope brochure and agree with the conditions of the program, including the requirement for financial planning and management assistance.

Date _____ Signature(s) _____

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For Committee Use Only

Date received _____ Date decision made _____
 Amount of gift \$ _____ Check number _____ Date check mailed _____
 1st gift _____ 2nd gift _____ Date covenant returned _____