

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 \_\_\_\_\_