

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 \$1,000) \$ \_\_\_\_\_

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) \_\_\_\_\_

.....

#### For Committee Use Only

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