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## **COVE RESOURCE ASSISTANCE GUIDELINES**

Thank you for your interest in coming to The Cove. Our hope is that you find release from daily distractions and experience renewal in God's presence. If you desire to attend a seminar at The Cove but do not have the financial means, please consider our **Resource Assistance Program**. These funds have been made possible through the donations of generous, caring individuals who understand the valuable impact our events can have on a person's life.

To ensure that as many people as possible benefit from this program, we ask that you limit requests to every other year.

#### HOW TO APPLY

1. Prayerfully consider the amount you and/or your church can contribute to the cost.

The amount that The Cove may be able to provide is dependent on available funds. It is expected that each applicant contribute as much as possible toward the cost of the seminar.

2. Fully complete the Resource Assistance Application.

Only complete applications will be considered. The application must be filled out by the person applying.

**3.** Send the completed application via postal mail, email, or fax:

**Email:** covereservations@thecove.org

Fax: 828-299-0276

Mailing Address:

Billy Graham Training Center at The Cove Attn: Resource Assistance Committee

P.O. Box 19223 Asheville, NC 28815

4. Your application will be reviewed by the Resource Assistance Committee.

Please be assured that all information you provide will be kept confidential.

 Once your application is processed, one of our reservation assistants will contact you to let you know if any resource assistance has been granted.

If you have any questions about the application process, please contact our reservations department at **828-771-4800**.

#### INTERESTED IN CONTRIBUTING?

If you would like to make a tax-deductible donation to this fund, please call

**1-877-2GRAHAM** (1-877-247-2426) and specify your donation to:

"The Cove's General Resource Fund."

You may also mail your donation to:

Billy Graham Training Center at The Cove Attn: Cove General Resource Assistance Fund P.O. Box 19223

Asheville, NC 28815

# COVE RESOURCE ASSISTANCE APPLICATION

Your First and Last Name		Spouse First and Last Name (If Applicable)		
O Mr. O Mrs. O Ms. O Mi	SS	O Mr. O Mr	rs. O Ms.	
O Rev. O Dr. O Other:		O Rev. O D	Or. O Other:	
Year of Birth:		Year of Birth	:	
Mailing Address:		City:	State:	ZIP:
Home Phone:	Work/Cell Phone:		Email:	
By providing your personal details, and opportunities from Billy Graha				
Occupation:				
Number of people living in h	ousehold:	Annual hous	sehold net income: \$ _	
Estimated monthly househol	d expenses (essential and I	non-essential): \$	<b>.</b>	
Have you asked your church	to help cover a portion of th	ne costs for this	visit to The Cove? O <b>Y</b>	es O No
If "Yes," please indicate amo	unt of financial assistance yo	our church is abl	le to provide: \$	
If "No," please explain:				
What is the maximum amou	nt vou can contribute towar	ds the cost (exc	cluding travel expenses	s)? \$
Have you or any family memb				
				3 0 140
If "Yes," please indicate wher	า:			
Please provide specific details please share why you are reque				
Name/Dates of Cove semina	r you wish to attend:			
Name/Dates of alternate cho	oice:			
l affirm that all the above info	ormation is correct.			
Applicant's Signature (Require	ed)	Date		
GRAI-IAM Training Center at The Cove ASHEVILLE, NORTH CAROLINA	Please return completed for Billy Graham Training Cente Attn: Resource Assistance C P.O. Box 19223 Asheville, NC 28815	r at The Cove	Email: covereservatio Fax: 828-299-0276 Phone: 828-771-4800 Website: TheCove.org	or 828-298-2092
OFFICE USE ONLY —				

Amount of resources granted: \$ \_\_\_\_\_ Authorized Signature: \_\_\_\_

\_ Date: \_