

Church of the Way at Ephesus

Application for enrollment in the Widows and Orphans Assistance Program

Beloved Sister,

Thank you for partnering with WOAP, the Widows and Orphans Assistance Program. We look forward to providing this important service to our faithful sisters and their families. Our brother Paul has recently given us specific instructions on how to help you and your loved ones in these difficult times. For details, please read the fifth chapter of his first letter to Brother Timothy. We desire to be faithful stewards; therefore we ask that you please answer the following questions with clarity and integrity. Because of our adherence to Brother Paul's instructions, many applications have been rejected. Should you fail to meet the criteria outlined below but feel special consideration should be made for your situation, please attach an explanation and any supporting documentation.

BASIC INFORMATION

Name: _____

Date: _____

Address: _____

Home Church Leader: _____

QUALIFICATIONS

Please check all that apply. Note: if any of the following are not selected, your application will be denied (5:5-10)

- | | | |
|--------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Truly a widow, left all alone | <input type="checkbox"/> Set hope on God alone | <input type="checkbox"/> Continually pray day and night |
| <input type="checkbox"/> Raised children | <input type="checkbox"/> Hospitable | <input type="checkbox"/> Served the apostles and/or elders |
| <input type="checkbox"/> Over the age of 60 | <input type="checkbox"/> Taken care of the afflicted | <input type="checkbox"/> Stay busy with good works |

Please check all that apply. Note: if any of the following are selected, your application will be denied (5:5-8, 11-16)

- | | | |
|-------------------------------------------------------|---------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Do not provide for relatives | <input type="checkbox"/> Married more than once | <input type="checkbox"/> Self indulgent |
| <input type="checkbox"/> Busybody and/or town gossip | <input type="checkbox"/> Related to younger believers * | <input type="checkbox"/> Have adult children * |

* Note – if you have adult children, or if you are related to younger women who are believers, it their duty, not the church, to care for you. Here at the church at Ephesus, we are commanded to only focus on those who are truly widows and left all alone (5:16). If you need the assistance of the elders to convince family members of their duty (5:8), please contact your elder or home church leader. Be advised that it may be necessary for you to fill out a Church Discipline form.

SERVICE HISTORY

Your application will be denied if any part of this section is blank. Attach additional pages if necessary:

- Please describe the ways in which you have provided a Godly upbringing for your children and grandchildren (5:4). _____

- Please list the various activities you do to care for the apostles and elders (5:10b). _____

- Please provide references of people who can confirm the above (5:10a). _____

Thank you for your attention to detail. Incomplete applications will be returned for completion. Please allow 3-5 days for processing. After your application has been reviewed, Erastus, the Deacon of Widows, will contact you and arrange a time for your initial face-to-face interview.

For Internal Use Only. Do not write in this section

Assigned Deacon: _____ Duties: _____ Days available for Service: S M T W T F S

Elder approvals: _____