Financial Assistance Request Form

Name(s)

Address

City/State/Zip

Contact #

Age

Current Employment/ Contact#

Names of persons in household, and ages:

List what type of assistance you are requesting: If you need additional space please feel free to attach:

What led up to needing assistance? If you need additional space please feel free to attach:

Monetary Assistance should be made payable to:

Name:

Address:

Contact Info:

Board Members Vote: Approve Do not Approve

Assistance given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Board member filing out form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_