

## Assistance Application Form

Referring School/Organisation:		Date:
Contact Person:	Position:	
Phone:	Email:	
Address:		
		Contact Signature:

## Recipient Information

Family Name:	First Name:
Amount Requested: \$	Necessity Verified? <b>YES NO</b>
Necessity Verified By:	
I authorize the above organization to apply for assistance from Foundation Y on my behalf	Recipient Signature:

## Assistance Information

Date Of Program:
<p><u>Reasons For Assistance:</u></p> <p>Please attach a covering letter (on letterhead) outlining the current age, living, health &amp; financial situation of the applicant, providing as much detail as possible, including how the applicant will benefit from the funding. (Please attach any supporting documentation ie. health care card, invoices/quotes if relevant)</p>

## Payment Details

Cheque Payable To:	Date Required By:
Delivery Address:	

### Office Use Only

Application Approved: YES / NO	Date:	\$ Value:	Reference #:
Benevolence Register Updated: YES / NO	Area Allocation:	FYMD Signature:	
Comment:			