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| **Children in Need****Application for Financial Assistance** | Livingston Rotary Club Logo  |

|  |  |
| --- | --- |
| Applicant Name (Parent or Guardian) |  |
| Address |  |
| Phone numbers:  | Home |  | Work |  | Other |  |
| How long have you lived in the area? |  |
| Number of people in your household? |  |
| Age of children in the household? |  |
|  |  |
| **Type of Request** |
| Please describe the need or situation, or an outside representative may attach a letter: |  |
|  |
|  |
|  |
|  |
| Specific Need(s) (mark any that apply)  |  |
|  |  |
| [ ]  Medical Expenses [ ]  Clothing [ ]  Food  |
|  |
|  *Please describe:* |  |
|  |
|  |
| Please estimate the total cost.  |  |  |  |
| How much are you able to pay yourself? |  |  |  |
| Service Provider  |  | Phone number  |  |
| What other organizations have your requested help from? |  |
|  |
|  |
| How much help has been received? |  |
| What is the total amount you are requesting from Rotary? |  |
| Has the child/family received help from Rotary before? |  |
|  |  |
| Name of Requestor  |  | Phone number |  |
|  |  |  |
| Signature of Requestor  |  | Date of Request |
|  |  |  |
| Signature of Applicant |  | Date |
|  |  |  |
| *Please return this form to any member of Rotary,**or to Stephanie Cunningham at* *S.Cunningham@edwardjones.com* |
| ***Rotary Use Only*** |
| *Date Received*  |  | *[ ]  Approved* *[ ]  Disapproved [ ]  Receipt attached* |
| *Amount Paid* |  | *Paid to* |  | Date Paid |  |