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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | | | | | | | | |  | | |
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| Specific Need(s) (mark any that apply) | | | | |  | | | | | | | | | |
|  | | | | |  | | | | | | | | | |
| Medical Expenses  Clothing  Food | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| *Please describe:* | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
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| 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*](mailto:S.Cunningham@edwardjones.com) | | | | | | | | | | | | | | |
| ***Rotary Use Only*** | | | | | | | | | | | | | | |
| *Date Received* |  | | | | *Approved*  *Disapproved  Receipt attached* | | | | | | | | | |
| *Amount Paid* |  | | | | *Paid to* | |  | | | | | | Date Paid |  |