

Proposed Application for Financial Assistance

(Use for individuals in need of direct assistance)

THE MYERS FAMILY FOUNDATION, INC.

2851 Jessup Road, #1008

Jessup, MD 20794

info@themyersfamilyfoundation.com

EIN: 81-4683829

Financial Assistance Request Form

Please submit application and all materials between 1/1 and 1/31

Date: _____

Name: _____

Name of Spouse: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____ Date of Birth: _____

Marital Status: Single ___ Married ___ Divorced ___ Separated ___ Widowed ___

If currently unemployed, check here: You ___ Spouse ___

Current or Most Recent Employer Information:

Name of Company or business:

Phone: _____ Contact person: _____

Current or Most Recent Employer Information (Spouse):

Name of Company or business:

Phone: _____ Contact person: _____

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Children: Provide names & ages of those currently living with you on a daily basis.

_____	_____
_____	_____
_____	_____

If you have adult Children, please provide contact information in space above.

Exactly what kind of help are you asking for?

Briefly explain the circumstances which brought about this need.

Where else have you gone for financial assistance in the last year? How much support did you receive?

List any financial aid you are receiving from a government agency:

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Unemployment Insurance Social Security Worker's Compensation Disability Other

Are you willing to confidentially meet with the Directors of the Foundation who may ask other and personal financial questions? Yes No

I give my permission to have the Foundation Directors validate any of the above information.

Signature

Print Name

All of the above information as well as any information gathered from those listed above will remain confidential except for those in the decision making process.