

# REMINGTON RELIEF FUND FINANCIAL HARDSHIP GRANT APPLICATION

## APPLICANT INFORMATION:

<b>DATE:</b>	
<b>GRANTEE NAME:</b>	
<b>PHONE:</b>	
<b>EMAIL ADDRESS:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY, STATE, ZIP CODE:</b>	

## INTER USE ONLY:

<b>APPLICATION NUMBER:</b>	
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Who will be the potential Grantee of the unforeseen financial hardship request?	<input type="checkbox"/> Me and/or my family <input type="checkbox"/> Another individual/family in need <input type="checkbox"/> Other _____
What is your relationship to the potential grantee?	
<i>Please explain the unforeseen financial hardship. Please do not include the name or names of the potential Grantee. Please do not include any identifying information.</i>	

<p>Will you be able to provide supporting documentation for the unforeseen financial hardship? <i>If yes, please provide the documents with the application.</i></p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
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What will the financial grant be used for? *List all items and an estimated dollar amount for each.*

Items	Item Cost
1.	
2.	
3.	
4.	
5.	

<p>Will you be able to provide receipts for the expenditures? <i>Receipts are due to Remington Relief Fund within 90 days of the financial grant. If you cannot provide receipts, please explain why.</i></p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
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