



Remington Relief Fund

Financial Hardship Grant Application

Applicant Information	
Date:	
Grantee Name:	
Phone:	
Email Address:	
Street Address:	
City, State, Zip Code:	

Inter Use Only	
Application Number:	



Applicant Information

Who will be the potential Grantee of the unforeseen financial hardship request?

- Me and/or my family
- Another individual/family in need
- Other _____

What is your relationship to the potential grantee?

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.)*



<p>Will you be able to provide supporting documentation for the unforeseen financial hardship? If yes, please provide the documents with the application.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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? (Receipts are due to Remington Relief Fund within 90 days of the financial grant. If you cannot provide receipts, please explain why.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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