

Long Hollow District  
Financial Assistance

Today's Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am requesting assistance for: \_\_\_\_\_ Year: \_\_\_\_\_

- Youth Assistance
- Funeral Assistance
- Hardship - DOB: \_\_\_\_\_
- Stipends (attach minutes)
- Other \_\_\_\_\_

Please describe why you are requesting assistance at this time:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)  
\*\*\*\*\*

- Approved \_\_\_\_\_
- Disapproved \_\_\_\_\_
- Referred to \_\_\_\_\_

\*\*\*\*\*

Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

\*\*\*\*\*

Fund Name: \_\_\_\_\_ Fund Account Number: \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_  
(Executive Signature) (Executive Signature)

\*\*\*\*\*

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Recipient)

\*\*Must have documentation attached Mailed Date: \_\_\_\_\_

\*\*Need prior approval from applicant & signed letter if you are picking up someone else's check

\*\*Checks will be mailed out of Fridays if not picked up, remember to include your address