

### **Application Form: BRAVES SUPPORT**

Note: Cumulative maximum for financial assistance will **normally not exceed $1200 .** *Monetary  assistance is limited by what funds are available to spend each month. A committee helps to prioritize requests and we fund as much as we can.*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Ph#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Zip Code

**Explanation of Need:**

**Documents Reflecting Need (this will ensure no additional tax burden to the recipient)**

* Mortgage/rental notice
* Utility due notice(s)
* Invoice for childcare service
* Cellphone or Wifi bills
* Car repairs, Insurance/Registration, fuel vouchers
* Medical or prescription assistance (we will need a copy of your insurance to assist).
* Dental Care
* Grocery vouchers (issued to the store of your choice).
* Miscellaneous financial needs (fund receipt MAY impact your taxable income for the year.)

*Unfunded requests will carry over to the next month, in hopes that they will be funded then (but carry-over requests will still need to go through the next month's prioritization process and committee recommendation protocols.)*

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We can connect you with nonprofit partner to assist you in requesting deferrals(s) for:

 Mortgages

 Lines of credit

 Loans

 Credit cards

Mark one or all for non-profit referral and email john.holzhuter@ottawa.edu to broker assistance and connections.

**Vrsn 41320**