



The purpose of the HOPE Fund is to financially assist residents of the
Penns Valley area school district with a medical crisis or a personal disaster.

APPLICATION FOR FINANCIAL ASSISTANCE

To help us expedite your request as quickly as possible, please complete the entire two page application and mail a signed copy to The Hope Fund of Penns Valley, P O Box 427, Centre Hall, PA 16828. If you need assistance in completing the form, please, contact us at pennsvalleyhopefund@gmail.com.

NAME _____ BIRTHDATE _____ AGE _____

ADDRESS _____ SS# _____

SEX M F

PHONE _____ MARITAL STATUS _____ TOTAL # IN HOUSEHOLD _____

TOTAL MONTHLY EXPENSES \$ _____ TOTAL MONTHLY INCOME \$ _____

PLEASE LIST ALL INCOME SOURCES _____

EMPLOYER NAME _____ EMPLOYER PHONE NUMBER _____

EMPLOYER ADDRESS _____

TYPE OF MEDICAL COVERAGE: Hospital _____ Doctor _____ Medicine _____ Other _____ None _____

If other, please describe _____

NATURE OF REQUEST _____

REASON FOR EMERGENCY _____

ARE YOU CURRENTLY RECEIVING ANY OTHER FINANCIAL ASSISTANCE? Yes _____ No _____

TOTAL ESTIMATED FINANCIAL REQUEST FROM THE HOPE FUND OF PENNS VALLEY \$ _____

To help expedite your request as quickly as possible, please itemize all monthly expenses as noted below:

| | <u>Monthly \$</u> | <u>Due Date</u> | <u>Payee Name & Address</u> | <u>Phone</u> |
|-------------------------------|-------------------|-----------------|---------------------------------|--------------|
| Housing: Rent _____ Own _____ | _____ | _____ | _____ | _____ |
| | | | _____ | |
| | | | _____ | |
| Lot/Condo Rent _____ | _____ | _____ | _____ | _____ |
| | | | _____ | |
| | | | _____ | |

Continued on Page Two

