

Burden Bearers Project Application

Applicant Information

First Name _____ Last Name _____

Home Address _____

Mailing Address (If Different from Home Address) _____

Home Telephone Number _____

Mobile Number _____

Email Address _____

Preferred Method of Communication (Phone/Email) _____

What type of assistance are you requesting?

☐ Financial ☐ Educational ☐ Other

Are you receiving assistance from another agency regarding this specific request (Y/N) _____

How many children do you have? _____ Ages _____

Is this request for a specific child (Y/N) _____

Name of Child/Children needing assistance _____

Dollar Amount or Item(s) Requested _____

Name _____

Signature _____

**Please note that submission of this application does not in any way guarantee full or partial assistance. All submissions will be reviewed on a case by case basis.*

**Please provide government Issued ID AND copy of lease/mortgage statement. (Addresses must match)*