

Welfare Request Form

PLEASE COMPLETE ENTIRE APPLICATION

Date: _____

Please Print or Type

1. Organization/Requestor Name _____

Address _____ Phone _____

Representative Name _____ Phone _____

2. Amount Requested _____

3. The specific reason for the request, which may include population served (description and number) and impact if request not granted. Please use back of sheet if needed.

4. Does your organization have alternative means of financing? (i.e. fundraising) If yes, please list, or if no, please explain why.

5. a. Has your organization received FRCSC (OCSC or OWC) welfare funds previously? If yes, when and what amount?

b. Have you requested and/or received funds from any other organizations/agencies for this purpose? If yes, please list.

6. The date funds are needed: _____ Make check payable to: _____

Representative Signature

Representative Name

Please mail to:

APPROVED/DISAPPROVED

Fort Rucker Community Spouses Club
ATTN: Welfare Chairman
PO Box 62001
Fort Rucker, AL 36362

Date: _____
Check payable to: _____
Check # _____
Date Delivered _____