

BONDURANT FUNDRAISING FRIENDS FINANCIAL ASSISTANCE APPLICATION

The Program -----

Bondurant Fundraising Friends (BFF) is a community based volunteer organization that raises funds for person(s) and/or their families to assist in alleviating the financial burden caused by the bills resulting from serious illness or other significant personal hardships.

Annually, BFF hosts an event bringing the community together to assist an individual in need from the Bondurant community. The ongoing charitable support of the Bondurant community makes the BFF program possible. As funding is limited, typically one individual is selected annually to assist.

Eligibility -----

Applicants must be a resident of Bondurant or reside within the Bondurant Farrar Community School District. The applicant must have financial burden resulting from a serious illness or other significant personal hardship.

Application Process -----

Applicants (or nominations on behalf of an individual) shall complete Part I of the application. Applications are reviewed and finalists will be asked to complete Part II of the application and undergo a short interview process to determine eligibility.

Obligations -----

Recipients agree to provide bills and other documentation so that funds may be applied as indicated on the application. Recipients may be asked to participate in promotional events and future events.

Submission and Additional Information -----

Submit application to: Bondurant Fundraising Friends
P.O.Box 24
Bondurant, IA 50035

Call Tina at 515-419-9892 for questions regarding the Bondurant Fundraising Friends program.

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Part I

Please Print:

Today's Date _____

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code:

Telephone #1 (____) _____ (Cell __; Home __; Work __; Other _____)

Telephone #2 (____) _____ (Cell __; Home __; Work __; Other _____)

Email Address _____

Description of Serious Illness or Other Significant Personal Hardship:

Describe the Financial Burden which resulted from the Hardship outlined above:

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Part II

Please Print:

Today's Date _____

Applicant Name: _____

Applicant Employment Status: ___ Full-time ___ Part-time ___ Not employed

Applicant Employer: _____

Spouse Name: _____

Spouse Employment Status: ___ Full-time ___ Part-time ___ Not employed

Spouse Employer: _____

Assistance Request: Please select the category(ies) for which you are in financial need.

___ Utilities

___ Automobile Expenses

___ Housing/Mortgage/Rent

___ Public transportation

___ Food/Meals

___ Child care

___ Medical/Dental expenses

___ Other, please explain: _____

Financial Information:

Total Monthly Income \$ _____ (including applicant and spouse gross wages, alimony/dependent support, food stamps, social security, and other sources of income)

Provide two recent paycheck stubs and the most recent tax return.

Have you been the recipient of other fund raising or emergency funds? ___ Yes ___ No

Certification

I hereby certify the information provided is complete and accurate to the best of my knowledge. As a condition of receipt of assistance by Bondurant Fundraising Friends, I hereby agree to supply documentation of need prior to any payments made on my behalf.

Applicant's Signature _____ Date _____