



# Because We Care Foundation of the South

Assistance Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Initiative Applied for: \_\_\_\_\_

Are you currently employed? If so, where?  
\_\_\_\_\_

Are you receiving any financial aid currently?  
\_\_\_\_\_

How many children do you have?  
\_\_\_\_\_

## Acknowledgement

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that this application for aid does not guarantee assistance. All support given is chosen by Because We Care's board.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_