



**PCFI**  
PANHANDLE  
CHILDREN'S  
FOUNDATION, INC.

## **Request Application Requirements**

Please fill out the following pages to the best of your ability. The more information we have the better our board can decide how to help you.

Applicant must be 17 or under.

PCFI cannot pay for medicine or medical bills.

PCFI does not pay utilities or rent/mortgages.

If submitting via mail please send to:

PCFI  
PO Box 1541  
Dumas, TX 79029

Or email us at: [pcfi@panhandlechildrensfoundation.org](mailto:pcfi@panhandlechildrensfoundation.org)



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### APPLICATION FOR ASSISTANCE

If you are making a request on behalf of someone else, please complete this section; otherwise skip to the next section:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Relationship to applicant: \_\_\_\_\_

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**Applicant Information:**

Name of child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Place(s) of Employment: \_\_\_\_\_

Amount of Combined Annual Income: \_\_\_\_\_

List of Family Members living in the home: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is the applicant a legal citizen of the United States: Yes \_\_\_\_\_ No \_\_\_\_\_

If a handicap or disability exists, please describe: \_\_\_\_\_

\_\_\_\_\_

Is the condition temporary or permanent? \_\_\_\_\_



**Information concerning request:**

What is the special need that is being requested?

What is the estimated cost of the request?

List all other organizations that have been asked to help with this request:

List all financial assistance and/or services that have been provided in the past, and if assistance is currently being provided or expected to be provided by another organization (school, church, club, individual, etc.). Include the dates assistance was provided.