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# EMERGENCY ASSISTANCE APPLICATION

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## ABOUT US

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Hello,

Thank you so much for your interest in the Emergency Assistance Program. Ray of Sunshine Ministry is a nonprofit in Las Vegas, Nevada which seeks to:

- ☐ Provide exceptional academic and enrichment opportunities for children
- ☐ Provide practical resources for children (IE: school supplies, backpacks, clothes, shoes, et cetera)

We do this because we want to provide every child with the opportunity to succeed, and education is a statistically significant factor in a child's future achievement. Children who read proficiently are more likely to be academically and financially successful members of society. We believe that children are the future, and they are worth investing in.

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## PARENT INFORMATION

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PARENT(S) GAURDIAN NAME:

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DATE OF BIRTH:

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ADDRESS:

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CONTACT INFORMATION:

- ☐ Phone:
- ☐ Email:
- ☐ Other: Specify: \_\_\_\_\_
- ☐ Preferred method of contact: \_\_\_\_\_

ARE ONE OR MORE OF YOUR CHILDREN PART OF THE FOSTER CARE SYSTEM?

- ☐ Yes: Please provide foster care certification or adoption certificate with application
- ☐ No

REASON YOU ARE APPLYING FOR EMERGENCY ASSISTANCE?

\_\_\_\_\_

CHILD INFORMATION

CHILD INFORMATION #1

NAME:

\_\_\_\_\_

DATE OF BIRTH:

\_\_\_\_\_

AGE:

\_\_\_\_\_

ADDRESS (IF DIFFERENT THAN ABOVE):

\_\_\_\_\_

CHILD INFORMATION #2

NAME:

\_\_\_\_\_

DATE OF BIRTH:

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AGE:

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ADDRESS (IF DIFFERENT THAN ABOVE):

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CHILD INFORMATION #3

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NAME:

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DATE OF BIRTH:

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AGE:

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ADDRESS (IF DIFFERENT THAN ABOVE):

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CHILD INFORMATION #4

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NAME:

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DATE OF BIRTH:

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AGE:

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ADDRESS (IF DIFFERENT THAN ABOVE):

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## CHILD/ CHILDREN'S NEEDS (REQUEST)

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Please choose one of the following per child: (one material item and one educational service is allowed per child)

- ☐ Coat:
  - Size: \_\_\_\_\_
  - Child's preferred Color: \_\_\_\_\_
  - Brand/Characters the child likes: \_\_\_\_\_
- ☐ Outfit:
  - Size: \_\_\_\_\_
  - Child's preferred Color: \_\_\_\_\_
  - Brand/Characters the child likes: \_\_\_\_\_
- ☐ School Uniform:
  - Size: \_\_\_\_\_
  - Mandatory Color: \_\_\_\_\_
- ☐ Shoes:
  - Size: \_\_\_\_\_
  - Child's preferred Color: \_\_\_\_\_
  - Brand/Characters the child likes: \_\_\_\_\_
- ☐ School Supplies:
  - What type of supplies are needed?  
\_\_\_\_\_
- ☐ Jeans
  - Size: \_\_\_\_\_
  - Child's preferred Color: \_\_\_\_\_
  - Brand/Characters the child likes: \_\_\_\_\_
- ☐ T- Shirt:
  - Size: \_\_\_\_\_
  - Child's preferred Color: \_\_\_\_\_
  - Brand/Characters the child likes: \_\_\_\_\_
- ☐ Tutoring:
  - Subject: \_\_\_\_\_
- ☐ Academic Enrichment Activities:
  - Please Specify: \_\_\_\_\_
  - Examples: Robotics, dance, coding, gymnastics, Reading Program, Arts and Crafts, Learning a language, Science, gardening, cooking and baking, movie making, Stem Projects, Board Games, Cultural Immersion experience, Math, Tutoring, Reading, Entrepreneurship, Design (website, content creation/ sewing et cetera), AI Exploration, Field Trips, Clubs
- ☐ Curriculum:
  - Please specify: \_\_\_\_\_
- ☐ Food
- ☐ Books
  - Examples of interests: \_\_\_\_\_
  - Book Names: \_\_\_\_\_
  - Type of book: \_\_\_\_\_

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## OTHER INFORMATION

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### HOW DID YOU FIND THIS?

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- ☐ Olive Crest
- ☐ Website
- ☐ Google Search
- ☐ Social media: Please specify-
- ☐ Other: Please specify-
- ☐ Word of mouth

### WOULD YOU LIKE MORE INFORMATION REGARDING RESOURCES AND EVENTS?

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- ☐ Yes! Please,
  - ☐ email information.
  - ☐ text information.
  - ☐ Both
- ☐ No

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## SUPPORTING DOCUMENTATION

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For consideration, please provide the following documentation:

- ☐ ID or other form of identification for each adult
- ☐ A Photo or a Copy of birth certificate, Student ID, or social security card for each child

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## CONTACT

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- ☐ For further assistance: Text Tiffany Morales Founder and President at (702) 807- 7917 or email [ataliyah@rayofsunshineministry.org](mailto:ataliyah@rayofsunshineministry.org)

RAY OF SUNSHINE MINISTRY, INC IS A 501C3 TAX- EXEMPT NONPROFIT ORGANIZATION

*Thank you for your request! We are currently a small organization. We cannot guarantee that every request will be fulfilled. We will fulfill every request allowed by our budget and Board Members to the best of our ability. Thank you for understanding!*

*DISCLAIMERS: FILLING OUT THIS APPLICATION DOES NOT GUARANTEE A GRANT. GRANTS ARE DISTRIBUTED AS FUNDS ALLOW AND AT THE DISCRETION OF BOARD MEMBERS. EVERY PERSON(S) AND ENTITIES WHO APPLY CERTIFY THE INFORMATION PROVIDED ON THE APPLICATION IS CORRECT TO THE BEST OF THEIR KNOWLEDGE. FALSIFICATION OF INFORMATION WILL AUTOMATICALLY DISQUALIFY ANY PERSON(S) OR ENTITY FROM RECEIVING ANY ASSISTANCE. RAY OF SUNSHINE MINISTRY INC PROHIBITS DISCRIMINATION AND HARASSMENT AND PROVIDES EQUAL OPPORTUNITY IN ITS ADMISSIONS, EDUCATIONAL PROGRAMS, ACTIVITIES AND EMPLOYMENT. THIS IS THE CASE REGARDLESS OF RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL STATUS, SEXUAL ORIENTATION, POLITICAL AFFILIATION, VETERAN STATUS AND DISABILITIES THAT INCLUDE HIV AND AIDS AND MEDICAL CONDITIONS. AN INDIVIDUAL CAN RECEIVE A GRANT ONLY ONCE A YEAR.*