

# RIPREZA FUND: \_\_\_\_\_

Benefactor Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Estimated Financial Assistance:	Social Security No.	Length of Financial Assistance:	
Financial Assistance Request:			
Are You Currently Employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, What is your monthly income?
Are you willing to do Community Service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, How Much?
What lengths are you willing to go to receive these funds?			

History
<b>Provide a summary of your story &amp; how the money will benefit you (Please detail how addiction has affected your life):</b>

Goals
<b>What are some of your goals, aspirations &amp; Objectives:</b>
<b>Briefly describe the programs and activities you've been involved with over the past 2 years:</b>

\*Submission of an application does not guarantee the approval of the Donation by Ripreza Fund. Ripreza Fund will review the application and notify the applicant of its decision in around 2-3 weeks from the date of submission of the application.

\*\*Denial of application by Ripreza Fund Non-Profit does not reflect anything negative about the individual, but reflects the constraints on the funds that are at the disposal of Ripreza Fund Non-Profit.

**Purpose of Financial Assistance**

**Briefly describe how the Financial Assistance will be used, please be specific:**

**Describe the objectives or ways in which the aforementioned goals will be met:**

**Please provide at least two references, other than family:**

Full Name:	Relationship:
Email:	Phone:
Full Name:	Relationship:
Email:	Phone:

**FEEDBACK**

How Did You Hear About Ripreza?  
  
Please Provide Feedback:

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to financial aid, I understand that false or misleading information in my application or interview may result in my immediate release. All Financial Aid is subject to a monthly review by the board and are subject to my full compliance with all requirements.

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

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