

Application for Aid

Our purpose and mission at ACU Foundation is to provide educational, military and community support services and activities related to improving the life of its members and those who live and work in the Puget Sound.

ACU Foundation seeks to aid where we can have the greatest impact in our communities, which means most of our giving is directed toward community resources that are able to meet the educational, military, and support service needs of our communities. It is important to understand that while we wish to aid all those who need and request our assistance, it is not within our abilities to do so. To be considered for ACU Foundation's direct assistance, please provide us with the following documentation and complete the application. These documents will assist us in determining and prioritizing the needs and requests for our assistance.

- Personal identification
- Copy of your lease or mortgage with any supporting documentation such as eviction notices, overdue notices, etc. if applicable.
- Other documents showing a hardship medical bill, hospital discharge paperwork, car repair receipts, overdue bills, etc.

If you are unable to provide any of these documents, please explain why:

First Name	Middle Initial	Last Name					
Phone Number:	Email:						
Number of people in household:							
Names of all individuals residing in your household (Please attach additional members on a separate paper if needed):							

First Name	Middle Initial	Last Name	AGE



1.	 What is your greatest need? Financial assistance (Please provide a detailed description and requested amount): 				
	 Household needs and necessities (please describe needs): 				
2.	Do you qualify for any other state or local programs to help with these payments? For example,				
	Washington Connection, the American Red Cross, local food banks, or local charities? YES/NO If				
	yes, have you applied to other programs, and if so which ones? YES NO * Please note that receiving or being denied for other forms of assistance does not disqualify you from receiving our aid.				
3.	Have you or anyone in your household received assistance by the ACU Foundation within the last 6 months? Yes (Please explain below) No				



specific needs and situation that will assist us in assessing your needs.					
Please sign and	date:				
First Name	Middle Initial	Last Name	Date		
Please return you	ur application and supporting	documents to:			
ACU Foundation					
C/O Amber Youn PO Box 5060	_	Dyouracu.org	<u>DuPont Branch</u> 1495 Wilmington Drive		
Dupont, WA 9832		- yourded.org	DuPont, WA 9832		

* If your branch receives this application, please forward application and all supporting documents via e-mail to the address above or contact Amber Young with ACU Foundation directly at 253-912-3257.