



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



- 4. Every person's situation is unique. Please provide us with any additional information about your specific needs and situation that will assist us in assessing your needs.

Please sign and date:

First Name	Middle Initial	Last Name	Date
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Please return your application and supporting documents to:

ACU Foundation
C/O Amber Young, Chairman
PO Box 5060
Dupont, WA 98327

Ayoung@youracu.org

DuPont Branch
1495 Wilmington Drive
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.**