

BENEVOLENCE APPLICATION

PERSONAL INFO

FIRST NAME: _____	MIDDLE INT: _____	LAST NAME: _____
STREET ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____		
DOB: ___/___/___ SS# _____ - _____ - _____ DRIVERS LICENSE# _____ - _____ - _____ STATE: (____)		
Home Phone: _____ - _____ - _____ Cell: _____ - _____ - _____ Email: _____		
Criminal Conviction: Circle: No / Yes: Explain: _____		

EDUCATION

HIGH SCHOOL: _____	PHONE: _____ - _____ - _____
ADDRESS: _____ CITY: _____ STATE: (____)	
MAJOR STUDY: _____	
STARTED: ___/___/___ GRADUATION DATE: ___/___/___	

COLLEGE: _____	PHONE: _____ - _____ - _____
ADDRESS: _____ CITY: _____ STATE: (____)	
MAJOR STUDY: _____	
STARTED: ___/___/___ GRADUATION DATE: ___/___/___	

TRADE SCHOOL: _____	PHONE: _____ - _____ - _____
ADDRESS: _____ CITY: _____ STATE: (____)	
MAJOR STUDY: _____	
STARTED: ___/___/___ GRADUATION DATE: ___/___/___	

EMPLOYMENT HISTORY

COMPANY NAME: _____ PHONE#: ____ - ____ - ____
STREET ADDRESS: _____ CITY: _____ STATE: (____)
JOB TITLE: _____ SALARY: _____ HR / YR
JOB DISCRPTION: _____

START DATE: ____/____/____ SEPARATION DATE: ____/____/____
REASON SEPARATED: _____

CAN WE CONTACT THIS EMPLOYER? CIRCLE: YES / NO

Source of income if unemployed:

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSE STATEMENTS FOUND WHETHER KNOWN OR UNKNOWN WILL BE GROUNDS FOR DENIAL.

APPLICANTS SIGNATURE: _____

DATE: ____/____/____

Mailing address to: 3600 CONSHOHOCKEN AVE BOX 1806, PHILA, PA. 19131

WORK LONG – WORK HARD – WORK CONTINUOUS

BENEVOLENCE FUND REQUEST

PERSONAL INFO

FIRST NAME: _____	MIDDLE INT: _____	LAST NAME: _____
STREET ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____		
DOB: ___/___/___ SS# _____ - _____ - _____ DRIVERS LICENSE# _____ - _____ - _____ ST: (____)		
Home Phone: _____ - _____ - _____ Cell: _____ - _____ - _____ Email: _____		
Criminal Conviction: Circle: No / Yes: Explain: _____		

Banking Info

Name: _____	Account # _____
Address: _____ City: _____ State: _____	
Saving Acct. \$ _____	Checking Acct. \$ _____

Reason for Request

Mortgage: _____	Food: _____	Clothes: _____	Transportation: _____
Rent: _____	Vehicle: _____	School: _____	Medical: _____
Other: _____			
Explain: _____			

Please present any documentation that will support your claim!

Benevolence Amount Requested: \$ _____

MANAGEMENT USE ONLY

Approved by: _____ Print Name	Denied by: _____ Print Name
Signed by: _____	Signed by: _____
Approved Amount: \$ _____	
Reason for denial: _____	