

Seton Helping Saints **Application for Assistance**

Do you wish to remain anonymous? Yes No

Name, address, email and phone number of individual or sponsor of individual to whom the requested assistance will be given:

Name/Sponsor's Name: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____

State clearly the purpose for which assistance is requested: _____

Indicate type of assistance requested (Check One):

Meals delivered to your Home

Transportation

Grocery support (gift cards)

Childcare

Money Amount \$ _____

Paying Bills

Prayers

Moral Support / Friendship

Personal Items

Other (Explain):

Please indicate date by which assistance is needed (if there is a specific date).

How many people reside in your home? Who?

How do you see Seton Helping Saints helping you?

Student/Sponsor Signature: _____ Date: _____

Parent/Guardian Name (print): _____

Signature: _____ Date: _____