



EMERGENCY GRANT APPLICATION FORM

Date: Telephone ()

First: Last:

Home Address:

Date of Birth: Month _____ Date: _____ Year _____

Email Address:

Employed: ___Yes ___No Position:

Employer Name:

Address: Telephone ()

If not, did you lose your job?

If so, please explain:

Amount Requested: Zelle _____ Cash App _____ Other _____

Who referred you to Circle of Women Inc?

Grants are awarded on a case by case basis and do not need to be repaid. Please be detailed about what the funds will be used for. Funding can take up to 24 to 48 hours for board approval and processing. The maximum allowable grant is from \$0 to \$300.00 based upon the availability of funds.