

REQUEST FOR ASSISTANCE
JULIANNE ROSELA MEMORIAL

Date of Application: _____

Name _____

Address _____ Social SSN # _____

Phone _____ Fax _____

E-mail _____

1. What is your emergency? Please explain the situation in detail.

2. How much money are you asking for from the Julianne Rosela Memorial?

3. What is the total cost of this item?

4. Do you have other sources of funds for this expense? Please explain.

5. By what date do you need the funds?

6. Have you requested funds from the Julianne Rosela Memorial in the past?

 Yes No

If yes, list grant amounts and year received.

Signature: _____ Date _____