



Assistance Application

Name (first/last):

Mailing Address:

Home Phone:

Cell Phone:

Email:

Preferred Method of Contact:

Home Phone Cell Phone Email

Check if applicable:

Marble Member Marble Congregant / Non-Member Marble Live Stream Viewer

Name (s) of Marble Staff or Member aware of your involvement with Marble:

Emergency Contact (first/last name):

Emergency Contact Phone:

Emergency Contact Email:

If the application is being filled out by someone other than the recipient, please provide the name and contact email for the person.

Name (first/last): _____

Email: _____

Phone: _____

Relationship to Applicant: _____

All information provided to the Marble Care Fund Committee will be held in strict confidence.

Reason for financial need:

Other Resources Tapped for Assistance Prior to Application to Marble:

Include with this Application photocopies of documents showing financial need (such as utility bill or rent notice)

Amount of Request

Must reflect exact amount of bill to be paid and not to exceed \$2,500.

Organization/Company to whom payment should be made (*payment will not be made directly to recipient*)

Mailing Address of Organization/Company for payment:

Email or Website:

Other Organization information (*account or reference numbers or anything else vital*)

I understand that it is the policy of **Marble Collegiate Church** to make Marble Care Fund grants only for extraordinary needs. The amount of the grant which is approved may not be equal to the amount of the request.

Signature of Applicant:

Date of Signature:

Mail, fax or scan/email this Application with accompanying documents to:



1 West 29th Street | New York, NY 10001 | MarbleChurch.org

Attention: CARE FUND

Phone: 212-686-2770

Fax: 212-685-0706

Email: CareFund@MarbleChurch.org