



Application for Assistance

A: STUDENT

Name: _____
Grade: _____
Age: _____
School: _____
School Counselor: _____
Date: _____

B: APPLICANT/EMPLOYEE * please see note below

Name: _____
Position: _____
School: _____
Email: _____
Phone #: _____
Signature: _____

C: CIRCUMSTANCES

Please describe the circumstances that necessitate this request: _____

Please list items, quantity, and approximate cost of each: _____

D: LIAISON-each school has a designated member of the Physical Education Department acting as liaison between the school and Two Towns Charity.

Name: _____
School: _____
Signature of Liaison: _____

Please fax completed application to **Two Towns Charity, Inc.** at (845) 271-4136

* Two Towns Charity, Inc. relies on the people of North Rockland not only for identifying children in need but also for the acquisition and distribution of those necessities. **As you fill out this application know that it will be your responsibility, if authorized, to acquire and distribute those items you seek. Please, you must retain your receipt for reimbursement.**
***You will NOT be reimbursed for items not listed on the application. ***

Two Towns Charity, Inc. use only:

Date of review: ___/___/___ Approved ___ Denied ___ Max. Dollar Amount \$ _____
Approved Items: _____
Approving Board Member
Name: _____ Signature: _____

Two Towns Charity, Inc.

P.O. Box 186, Stony Point, New York 10980