



FINANCIAL ASSISTANCE GRANT APPLICATION  
USBG NATIONAL CHARITY FOUNDATION  
Helen David Relief Fund

DATE: \_\_\_\_\_

I. APPLICANT

First Name	Middle Initial	Last Name
Street Address	City	State/Zip
Phone Number	Email Address	

II. EMPLOYMENT HISTORY (LAST 12 MONTHS) (attach additional sheets if necessary)

Job Title	Name of Employer	Employer Address	Name of Supervisor	Phone Number	Start Date	End Date

III. GRANT RECIPIENT

First Name	Middle Initial	Last Name
Social Security Number: _____		
Recipient is (check one)		
<input type="checkbox"/> Applicant		
<input type="checkbox"/> Spouse of Applicant		
<input type="checkbox"/> Child of Applicant		

IV. Please attach a **narrative describing in detail** the catastrophic event or emergency hardship you have experienced for which you are requesting financial assistance.

V. Please attach **documentation supporting the event or hardship described** in section "IV" above such as police reports, fire department reports, medical prescriptions, receipts, eviction notices, etc.

VI. Amount of Financial Assistance Requested: \$\_\_\_\_\_.

I certify that all information is valid and complete and hereby authorize USBG National Charity Foundation to verify any of the above information as deemed necessary. I certify that I have reviewed the Helen David Relief Fund Grant Procedures and that, to the best of my knowledge, the above-mentioned recipient is eligible to receive a grant from the USBG National Charity Foundation. I understand that, in the event the USBG National Charity Foundation awards a grant to the above-mentioned recipient, I may be required to provide subsequent documentation regarding the use of the grant funds.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_