

ASSISTANCE AVAILABLE FROM OTHER REALITIVES (CHILDREN, BROTHERS, SISTERS, FRIENDS AND RELATIVES)

STATEMENT OF NEED

Please explain below the purpose of financial assistance requested. If you need more space, please attach additional pages.

IF ASSISTANCE OS GRANTED, TO WHOM SHOULD CHECK BE MADE OUT?

HAVE YOU APPLIED FOR ASSISTANCE FROM OTHER AGENCIES OR FUNDS?

IF SO, WHEN AND FOR WHAT PURPOSE AND WITH WHAT RESULTS?

ADDITIONAL COMMENTS OR INFORMATION

I have read and understand this application. I declare that the statements contained and information furnished by me in this application are true. I also acknowledge that if I am approved for an emergency grant, it will be on a **one-time** basis only. The Board of SWAN Society In Boston, Inc. and their agent are authorized to verify any and all information contained within this application.

Applicant's Signature _____

Date _____