

Financial Grant Application Form



APPLICANT INFORMATION

Full Name:

Phone Number:

Email Address:

Mailing Address:

Treatment Court Program: (Check one)

- ☐ Adult Recovery Court
- ☐ Veterans Treatment Court

REQUEST DETAILS:

Amount Requested: \$

Type of Assistance Requested:

- | | |
|--|--|
| ☐ Transportation | ☐ Utility Assistance |
| ☐ Drivers License or ID Fees | ☐ Education Expenses |
| ☐ Employment Related Expenses | ☐ Recovery Support Services |
| ☐ Work Clothing or Uniforms | ☐ Other: |
| ☐ Housing Deposit | |

Describe the need for assistance:

How will this assistance support your success in the Treatment Court Program:

If this request is not approved, what will the outcome be?

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Supporting Documents Attached (Please attached copies of any documentation to support request)

- ☐ Invoice/Bill
- ☐ Cost Estimate:
- ☐ Housing Documentation
- ☐ Employment Documentation:
- ☐ Other:

PAYMENT INFORMATION:

Person/Business to Receive Payment:

Phone Number:

Address:

Amount Requested:

PAYMENT CERTIFICATION

I certify the information provided in this application is true and accurate to the best of my knowledge. I understand that submission of this request does not guarantee approval of financial assistance.

Applicant Signature:

Date:

CONSENT AND AUTHORIZATION FOR INFORMATION SHARING:

I authorize East to West Mission, Inc. to review and share any and all information contained in my financial assistance application or otherwise provided by me or others on my behalf with individuals who have a need to know such information in order to evaluate, approve, administer, document, or provide financial assistance, including board members, treatment court personnel, vendors, and service providers. I understand that East to West Mission, Inc. will use reasonable efforts to protect my personally identifiable information from disclosure outside of these purposes, unless otherwise required by law.

Applicant Signature:

Date:

Send completed forms to kwajeel@easttowestmission.org