

**OFFICE USE ONLY**

**DATE RECEIVED**

**DATE APPROVED**

\_\_\_\_\_

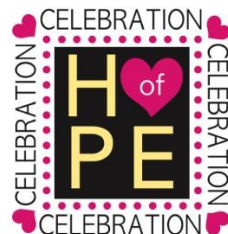
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**AMOUNT  
REQUESTED:**

**AMOUNT  
APPROVED:**

\$ \_\_\_\_\_

\$ \_\_\_\_\_



**Celebration of Hope  
Application for Assistance**

**Applicant Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

County: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*Email is our primary means of communicating with you.

Please provide a phone number where you can *always* be reached.

Phone: (Home/Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

**Legal Guardian/Caregiver Information (if applicable):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email (If different than Applicant's): \_\_\_\_\_

How did you hear about Celebration of Hope?

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Who referred you to Celebration of Hope?

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Have you, other family, or anyone listed above ever been helped by Celebration of Hope?: YES NO

If yes, when? \_\_\_\_\_

Please describe why you are in need of assistance (attach additional sheets of paper if needed):

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We may be able to help you with essentials such as rent/mortgage, food, utilities, transportation, and medical equipment:

Housing \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Medical Equipment \$ \_\_\_\_\_

Other – Explain below \$ \_\_\_\_\_

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What is your illness / injury / situation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your application is approved and we meet with you, you will need to provide copies of any of the above you are requesting assistance with. You may also be given a specific form you will need to complete. For example, Notice of Rent Due form.

What is the total amount being requested? \$ \_\_\_\_\_

When do you need it? \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Are you currently on Medicare or Medicaid or any other supplemental government program?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which one? \_\_\_\_\_ County \_\_\_\_\_

If Medicaid, name of Case Worker: \_\_\_\_\_

Medical Insurance? YES \_\_\_\_\_ No \_\_\_\_\_

What is your co-pay? \$ \_\_\_\_\_ What is your out-of-pocket limit? \_\_\_\_\_

If you have applied for assistance for this need with another agency or church, please list below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ONLINE FUNDRAISER AVAILABLE – GO TO**  
**[WWW.CELEBRATIONOFHOPEINC.ORG](http://WWW.CELEBRATIONOFHOPEINC.ORG)**

**Mail paper Application for Assistance to:**

**Celebration of Hope, Inc.**

**35 Park Place, Suite 100**

**Appleton, WI 54914**

**TERMS AND CONDITIONS**

By completing and signing this form, you acknowledge and agree as follows:

1. The funds you receive will be used for the purpose stated above.
2. Celebration of Hope, Inc. is a Christian non-profit organization who provides financial assistance and fundraising opportunities to individuals in need.
3. You will be notified by telephone, email, or mail within 30 days as to whether or not your application has been approved.
4. Funds are limited and based upon availability and applicant's need, and are in no way based upon race, creed, sex, religion, age or disability.
5. Assistance may be in the form of a payment directly to a creditor, a gift certificate for staple items, or the like. Forms of assistance will be decided on a case by case basis by the Board of Directors.
6. You agree to set up **ONE** mandatory meeting with a representative from Celebration of Hope before disbursement of the funds.
7. Approval of this request grants a one-time assistance payment and does not necessarily promise future financial assistance.
8. You are a Wisconsin resident and reside in Outagamie, Winnebago, Calumet, Fond du Lac or Waupaca County.

If funding is granted I give consent to Celebration of Hope, Inc. to share my story and such photographing and/or videotaping of myself, the recording of my voice, and the use of these photographs and /or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes for use in all

domestic and foreign markets. I understand the term “photograph” as used herein encompasses both still photographs and motion picture footage. I authorize Celebration of Hope, Inc., its assigns and transferees, to copyright, use and publish the same in print and/or electronically.

I agree that Celebration of Hope, Inc. may use photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

The recipient of funds from Celebration of Hope hereby irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless Celebration of Hope, Inc., their respective officers, directors, trustees, employees and agents from and against any and all claims, liabilities, losses and expenses (including reasonable attorney fees) directly or indirectly, wholly, or partially arising from or in connection in any way with this application, the funds awarded or use of the funds by recipient. This paragraph shall survive the termination of this agreement.

I hereby agree that everything I have stated in this application is true and accurate to the best of my knowledge and that the Celebration of Hope, Inc. is relying on this application to make its decision to support proposed funding. I understand that this application can be rejected for incomplete information. Furthermore, I understand that the Celebration of Hope, Inc. is not obligated to accept me as the recipient of the proposed funding.

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

*If under 18 years old, both parents must sign, if applicable.*

1. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

2. Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

*Information requested on this form is for the private use of the Board of Directors of Celebration of Hope, Inc. All information will be kept confidential.*

**The mission of Celebration of Hope, Inc. is a Christian charity with a mission of providing financial assistance and fundraising opportunities to any individual in need, lending a hand of support by sharing the burden and offering hope.**

APPLICATION FOR ASSISTANCE WILL BE REVIEWED WITHIN 30 DAYS AND YOU WILL BE CONTACTED WITHIN ONE MONTH.

**Applicant – DO NOT write below this line. Office use only.**

Evaluation:

Date	Reviewer's Name	Recommendation
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