

APPLICATION for WALDRON-WILLIAMS FUND
P.O Box 455
Stonington, Connecticut 06378

DATE:

NAME _____

ADDRESS _____

YEARS AT THIS ADDRESS:

TELEPHONE:

EMAIL (if available) _____

IDENTIFICATION (Driver's license) - Attach photo copy

EMPLOYMENT STATUS:

HOUSEHOLD INCOME: (monthly)

AMOUNT REQUESTED:

REASON FOR REQUEST:

Have you applied for or received public or other assistance?

If YES:

Please provide information on the assistance you received.

Waldron-Williams Fund decision

Approved _____ Amount By Date

Disapproved _____ Reason By Date