

*Improving the lives of women and girls through programs leading to social and economic empowerment.*

**S O R O P T I M I S T I N T E R N A T I O N A L O F I N D I A N R O C K , I N C .**

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# Helping Hand Emergency Fund

***Helping Hand Emergency Fund* is a monetary grant, not exceeding $500, to assist a woman and her family in a sudden and unexpected financial crisis.  This grant is provided for a one-time emergency, excluding rent subsidies.  All grants are awarded after the presentation of a bill or receipt in reimbursement for goods and services provided in this emergency situation.**

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| **Criteria:** The Helping Hand Emergency Fund Grant may assist a woman who experiences a sudden and unexpected financial emergency.  |

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| **Eligibility:** Applicants must be a resident of Bucks County or the surrounding area or recommended by a Soroptimist Member or Local Community or Social Service Agency of Bucks County.  |

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| **Complete**:* Part I of the application must be completed in its entirety by the applicant herself in her own words.
* The recommending sponsor must complete Part II of the application in its entirety.
* Please submit the application with the bill, statement, invoice or receipt, if applicable, including the complete contact information of the payee to ensure prompt payment of the approved grant.)

**Email application to:****hhef-committee@soroptimistindianrock.org****Mail application to:**HHEF CommitteeSoroptimist International of Indian Rock, Inc.P. O. Box 1061Newtown PA 18940**Application must be completed in full.** Applications for grants are only accepted during the active club months of September through June. |

# PART I – APPLICANT

# PERSONAL/CONTACT INFORMATION

|  |  |  |
| --- | --- | --- |
| Last Name        | First Name      | Middle Initial      |
| Street Address      |
| City      | State      | Zip      |
| Home Number      | Cell Number      | Email      |
| Date of Birth      | Marital Status      |

**EMERGENCY GRANT REQUEST: Use separate sheet if needed for explanation**

Please provide the purpose of your request for funds:

|  |  |
| --- | --- |
| Amount Needed | Expense Purpose |
| $      |       |
| $      |       |
| $      |       |
| $      |       |

# APPLICANT STATEMENT (in your hand and words.)

# Provide an explanation describing the circumstances generating the need for an emergency grant:

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**APPLICANT AGREEMENT**

Generally, payments are not made to applicants directly. Be sure to include the payee information and statement with this application.

I certify that all the information provided in this application is complete and accurate to the best of my knowledge. I will notify Soroptimist International of Indian Rock, Inc. if there are any changes.

I understand that my application may be submitted electronically for evaluation.

I understand that my application becomes the property of Soroptimist International of Indian Rock, Inc. The application will be considered confidential.

By signing your name below, you adhere to the above requirements.

|  |  |
| --- | --- |
|  |  |
| Signature of Applicant | Date |

# PART II - SPONSOR

# SPONSOR INFORMATION

# Agency/Organization or SI/Indian Rock Member information:

|  |  |
| --- | --- |
| Name: |  |
| Representative:(N/A if SIIR Member) |  |
| Phone Number: |  | **Email:** |  |

# SPONSOR STATEMENT

# Provide a statement indicating why you are recommending this applicant for an emergency grant:

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# SPONSOR AGREEMENT

**I certify that all the information provided in this application is complete and accurate to the best of my knowledge. I will notify Soroptimist International of Indian Rock, Inc. if there are any changes.**

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By signing or typing your name below, you adhere to the above requirements.

|  |  |
| --- | --- |
|  |  |
| Signature of Sponsor | Date |