

COMMUNITY FUND OF ST. BERNARD'S CHURCH
88 CLAREMONT ROAD, BERNARDSVILLE NJ 07924
TEL: 908 766 0602 FAX: 908 766 0696
SUE SMITH - FUND ADMINISTRATOR

COMMUNITY FUND GRANT APPLICATION

Date _____

Referring Sponsor _____
Phone _____

Applicant _____

Street Address _____

City _____

Marital Status _____ Spouse's Name _____

Number of Dependents _____

Dependent's Names	Age
_____	_____
_____	_____
_____	_____
_____	_____

Employer _____ Length of employment _____

Address _____

Position _____

Amount Requested _____ Funds Payable to _____

Address _____

Description of Situation

How long has problem existed? _____

How do you envision resolution of this situation?

What action has been taken and what funding has been secured to date?

What other agencies have been contacted?

Additional Information:
