



Office Use Only:
Approved / Denied

Reasoning:

Brandy Jenkins, Founder & CEO
Valerie Branch, Executive Director
Tira Branch, Treasurer
Isaac Branch, Event Coordinator
Rudolph Migliore Esq., General Counsel

This form serves as your application for financial assistance from the **Scott Jenkins Foundation, Inc.** If this application is approved you will be eligible for assistance from Scott Jenkins Foundation, Inc. On a separate document please state what assistance you are looking for (ie/ monetary, food, house items/supplies, etc. and how assistance from The Scott Jenkins Foundation will help you) and how it will benefit your circumstances.

APPLICANT

NAME:

SSN:

DOB:

CELL/HOME PHONE:

ADDRESS:

MARITAL STATUS:

EMPLOYMENT INFORMATION

EMPLOYER NAME:

HIRE DATE:

JOB TITLE:

PHONE:

ADDRESS:

NOT EMPLOYED? Last Date Worked:

Please explain:

SIGNIFICANT OTHER/CO-APPLICANT

NAME:

SSN:

DOB:



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CELL/HOMEPHONE:

ADDRESS:

MARITAL STATUS / RELATIONSHIP TO APPLICANT:

EMPLOYMENT INFORMATION

EMPLOYER NAME:

HIRE DATE:

JOB TITLE:

PHONE:

ADDRESS:

NOT EMPLOYED? Last Date Worked:

Please explain:

DEPENDENTS IN HOUSEHOLD:

GROSS HOUSEHOLD MONTHLY INCOME	APPLICANT	CO-APPLICANT
DIVIDENDS/INTEREST/RENTAL		
SHORT/LONG TERM DISABILITY		
SOCIAL SECURITY INCOME		
WORKERS COMPENSATION		
MILITARY/PENSION		
UNEMPLOYMENT BENEFITS		
ALIMONY/CHILD SUPPORT		
OTHER INCOME:		
TOTAL:		

By signing below, you confirm that everything stated in this application is true to the best of your knowledge. The Scott Jenkins Foundation, Inc. has the right to request documentation to confirm proof of what is stated above. We will not use any information for any purposes other than to confirm your eligibility for financial services.

X _____
(APPLICANT)

X _____
(CO-APPLICANT)