



**Friends of The Arc Helping Hand Fund**  
**Request For Assistance Application**

**Applicant Contact Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

**Type of Request**

**Please Check Which Applies:**  
 Recreation Program     Rent Assistance     Utility Expense     Health Care  
 Campership     Household     Transportation     Other

**Briefly Describe Need/Purpose:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount Requesting:\*** \_\_\_\_\_

**Have you Received Assistance From This Fund in the Past?:**     Yes     No

**\*Fund Amount Guidelines:** An individual/family may receive a maximum of \$1,500 during the fiscal year of the organization, which is from July 1, 2021 – June 30, 2022.



Greater Brockton

Supporting Families and Individuals  
with Varying Abilities in Southeastern MA

### Association with The Arc of Greater Brockton

**What is your association with The Arc of Greater Brockton:**

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**If you work directly with a staff member of The Arc of Greater Brockton please list their name:**

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### Additional Comments to Share:

**You are welcome to share additional comments in reference to your funding request and/or association with The Arc of Greater Brockton:**

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**Date Submitted:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

### Organization Use Only

\_\_\_ Funding Approved      \_\_\_ Funding Denied

**Date of Decision:** \_\_\_\_\_

**If Denied, Identify Reason:** \_\_\_\_\_

\_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_