



APPLICATION FOR FINANCIAL ASSISTANCE

(Revised July 1st, 2020)

PLEASE PRINT – All information remains CONFIDENTIAL!

Send completed application to: Lion Jim Schmidt – 2104 Main Ave – Kaukauna, WI 54130

Applicant's Name: _____ Date of Birth: _____
Parents' Names (when applying for a child): _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Marital Status (circle one): Single Married Separated Divorced Widowed

Number of Dependents: _____ Names of Dependents: _____

How did you hear about the Sturm Humanitarian Foundation? _____

EMPLOYMENT INFORMATION

Circle one: (Parent if applying for a child) Employed Unemployed Retired Disabled

Present Employer: _____

Employer Address: _____

City, State, Zip: _____ Telephone: _____ Position: _____

Is Spouse (circle one): Employed Unemployed Retired Disabled

HOUSING STATUS

Please check which applies: _____ I own a home _____ I rent a home/apartment

Briefly describe your need for financial assistance:

For medical financial assistance, provide names and addresses of all doctors, hospitals, clinics, etc. providing care and/or treatment. Please send copies of all unpaid bills with this application.

List financial assistance presently being received, including provider(s); i.e. Insurance Company, donations, social programs, etc.

Average Monthly Gross Household Income (before taxes/deductions) & investments				Average Monthly Household Expenses			
		Applicant (a)	Spouse/Other (b)		Rent/Mortgage	\$ _____	
Monthly Wage		\$ _____	\$ _____		Utilities (electric, gas, water, sewer, etc.)	\$ _____	
Monthly Social Security Benefit		\$ _____	\$ _____		Food	\$ _____	
Monthly Retirement Pension		\$ _____	\$ _____		Phone	\$ _____	
Monthly Food Stamp Benefit		\$ _____	\$ _____		Medicine/Medical	\$ _____	
Monthly Child Support Benefit		\$ _____	\$ _____		Car/Transportation	\$ _____	
Monthly Unemployment Benefit					Child Care	\$ _____	
Other Income Sources (list all)		\$ _____	\$ _____		Renter's/Home Owners Insurance	\$ _____	
		\$ _____	\$ _____		Auto Insurance	\$ _____	
		\$ _____	\$ _____		Other Monthly Expenses (list all)	\$ _____	
		\$ _____	\$ _____			\$ _____	
	Sub-Total	\$ _____	\$ _____			\$ _____	
						\$ _____	
GRAND TOTAL AVERAGE MONTHLY							
GROSS HOUSEHOLD INCOME (a + b)			\$ _____	AVERAGE MONTHLY EXPENSES			\$ _____
Additional Assets & Investments				Additional Debts			
Checking & Savings accts, etc.	\$ _____	\$ _____		List All Credit Card Debts:	\$ _____		
Investments (CDs, Stocks, Bonds)	\$ _____	\$ _____			\$ _____		
Other Retirement Accts (401(k), 403(b)(7), Pensions, etc.)	\$ _____	\$ _____			\$ _____		
Value of Vehicle	\$ _____	\$ _____		Mortgage	\$ _____		
	Sub-Total	\$ _____	\$ _____	Auto Loan(s)	\$ _____		
GRAND TOTAL Additional Assets			\$ _____	GRAND TOTAL Additional Debts			\$ _____

APPLICATION SUBMITTED BY:

 (First Name) (Initial) (Last Name)

Address: _____
 (Street) (City) (State) (Zip)

Telephone: _____ Date of Application: _____

RELEASE OF MEDICAL & OTHER INFORMATION:

I/WE HEREBY VERIFY THE ABOVE INFORMATION TO BE CORRECT AND AUTHORIZE THE ABOVE PROVIDERS OR INSTITUTIONS REFERENCED ON THIS APPLICATION TO RELEASE ANY PERTINENT MEDICAL, FINANCIAL OR SOCIAL INFORMATION THAT WOULD APPLY TO THE ABOVE SITUATION FOR WHICH I AM REQUESTING FINANCIAL ASSISTANCE, TO THE STURM HUMANITARIAN FOUNDATION.

(Signed) _____ Date: _____

SPONSORING LIONS/LIONESS CLUB OFFICER: _____

Does the Sponsoring Club contribute annually to the Sturm Humanitarian Foundation? Yes _____ No _____
 The Club's Board of Directors reviewed this request and approved sending it to the Sturm Humanitarian Foundation at their _____ meeting.
 (Date)

Signed: _____ Club: _____

***Our only source of funding comes from annual club donations, personal donations, and our annual golf tournament. We would appreciate any assistance from your club payable to the Sturm Humanitarian Foundation and attached to the application along with bills or copies that need to be paid before approval can be given.