

The Legal Assistance Fund of Crawford County

APPLICATION FORM

Full Name: _____

Address: _____

Cell Phone: _____ **Email:** _____

Income: _____/week _____/month

Number of People Living in Household: _____

Reason for Grant Request:

Grant Amount Requested: \$_____

Is there a certain time by which you must the grant? If so, list the date and reason?

If you're awarded a grant for future expenses, please provide the name and contact information of the entity or person who will receive the funds:

Any other helpful information you wish the Committee to consider:

Please SIGN and DATE your application

Name

Date

Grant applications must be mailed to LULAC Denison at P.O. Box 241, Denison, Iowa 51442
OR may be dropped off at the UFCW Local Office at 46 N Main St. in Denison.