BENEVOLENT ASSISTANCE REQUEST FORM

Monies are collected annually which are intended to provide financial assistance to Richmond School community members who have an extraordinary need.

To request financial support from the Richmond Christian School Benevolent Fund, the applicant must be a Richmond Christian School staff member, Society member or parent of a current student. The submission of a request cannot be anonymous as additional information may be critical to ensure that the need is properly met. All requests will be handled with strict confidentiality.

Please complete this form and provide it to the current Chair of the Board of Trustees in a sealed envelope marked "Strictly Confidential." The form may be emailed to the Chair whose email is available on the school website.

FULL NAME OF STUDENT OR FAI	MILY IN NEED:	
DATES THE FUNDS ARE NEEDED	BY:	(MM/DD/YY)
AMOUNT OF FUNDS REQUESTED	D:	
IS THIS A ONE TIME OR ONGOIN		
PLEASE EXPLAIN WHY YOU BELII	EVE THAT THIS STUDENT/FAMILY R	EQUIRES THIS SUPPORT:
YOUR NAME	DA*	 ТЕ
	ation form will be kept confidential. Plea ard of Trustees, or email the completed ebsite.	
For internal use:		
Request Approval: Yes / No	Amount Approved \$	Date:
Approved by:	(Board Chair / Vice Chair) Name:	