

FULL NAME OF STUDENT FAMILY IN NEED

## BENEVOLENT ASSISTANCE REQUEST FORM

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

To request financial support from the Richmond Christian School Benevolent Fund, the applicant musbe a Richmond Christian School staff member, Society member or parent of a current student and the general public in the community. 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 Directors in a sealed envelope marked "Strictly Confidential." The form may be emailed to the Chair at chair@myrcs.ca.

DATE THE FUNDS ARE NEEDED BY: (MM/DD/YY)

| AMOUNT OF FUNDS REQUESTED  |                  | IS THIS A ONE TIME OR ONGOING NEED? |      |
|--|------------------|-------------------------------------|------|
|  |                  |                                     |      |
| PLEASE EXPLAIN WHY YOU BELIEVE THAT THIS STUDENT/FAMILY REQUIRES SUPPORT:                                      |                  |                                     |      |
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|  |                  |                                     |      |
| Submitted by   |                  |                                     |      |
| NAME   |                  | SIGNATURE                           |      |
|  |                  |                                     |      |
| DATE (MM/DD/YY)  |                  | EMAIL                               |      |
| /  |                  |                                     |      |
| The parties identified on this application form will be kept confidential. Please deliver or mail this form to |                  |                                     |      |
| any campus office, Attn. Chair of the Board of Directors, or email the completed form to the Board Chair at    |                  |                                     |      |
| chair@myrcs.ca.  |                  |                                     |      |
| For internal use   | REQUEST APPROVAL | AMOUNT APPROVED                     | DATE |
|  | ☐ YES ☐ NO       | \$                                  |      |
| APPROVED BY (BOARD CHAIR / VICE CHAIR)   |                  | NAME                                |      |
|  |                  |                                     |      |