

RUDOLF STEINER BRANCH

HEARTS FUND APPLICATION

To the applicant: Please fill out and return this form to any member of the Rudolf Steiner Branch of North Carolina Board of Directors.

This application is being made on behalf of:

Name: _____

Address _____

City: _____ State _____ Zip _____

Telephone(s): _____

email: _____

This application is being made by (a third party, neither the beneficiary nor a member of the Branch Board of Directors):

Name: _____

Address _____

City: _____ State _____ Zip _____

Telephone(s): _____

email: _____

What is the beneficiary's relation to the Branch? _____

Please explain the nature and circumstances of the beneficiary's need, including amount and timeframe of the need:

Please tell briefly what other relevant resources the beneficiary is able to call on:

In making this application, the applicant acknowledges that s/he is familiar with the Branch's policy on Receiving and Disbursing Funds to Benefit Individuals and has the permission of the beneficiary to apply on his/her behalf.

Signature: _____ Date: _____