

**Sharon Community Foundation Grant Application – Individual
All Applications are Confidential**

Name _____

Address _____

Email _____

Phone _____

Family Make Up _____

Own/Rent _____

Nature of Request _____

Amount of Request _____

Document Supporting Request

Please attach a copy of the invoice or other relevant documentation.

All grants are paid directly to the vendor.

All requests for assistance from individuals are first reviewed by The Sharon Social Service Agent. By submitting this grant application, the applicant gives the Sharon Social Service Agent permission to contact the applicant.

If you would like help completing this application, please contact the Sharon Social Service Agent at 860-364-1003 or sharon.social.services@gmail.com.

Should funds be obtained from another source, the applicant agrees to repay the Sharon Community Foundation.

Signed:

Name _____

Date _____

Return Completed Application:

By mail: Sharon Social Service Agent

63 Main Street

P.O. Box 385

Sharon, CT 06069

By email: sharon.social.services@gmail.com