



United Way
Of the Tri-Valley Area

The Hope Fund Application

GENERAL INFORMATION

Applicant (Child's Name): _____ Child's age: _____

Applicant's Address: _____

Applicant's Phone: _____ Applicant's E-Mail: _____

Name of person submitting this application: _____

Relationship to applicant: _____

Contact information for person submitting application:

Address: _____

Phone: _____ E-Mail: _____

REQUEST

Description of need: (Please be as detailed as possible)

Total cost: _____ Dollar amount requested from United Way: _____

Please describe the impact this funding will have:

What other resources for this request have you received or requested:

United Way of the Tri-Valley Area

PO Box 126, Farmington, ME 04938 207.778.5048 www.uwtva.org finance@uwtva.org

PAYMENT INFORMATION

*If approved for funding, United Way will make payments directly to the vendor, only
(i.e. School, Gymnastics, Specific Camp, Music Store etc.)
Application will be considered incomplete without this information.*

Vendor: _____

Address: _____

Phone: _____

Contact person (if known): _____

CONSENT and WAIVER OF LIABILITY

I give permission for information contained in this application to be shared with the United Way of the Tri-Valley Area Community Investment Team. It will be treated confidentially and with respect.

I also will not hold United Way liable for any funding decisions that are made, or for the applicant's participation in an activity, or for use of any material provided with The Hope Fund funding.

Signature of Parent or guardian (required on all applications):

Signature of person submitting application on behalf of child, if not parent or guardian:

Date: _____

Start Date of Activity: _____