

Application for Assistance



All fields on this application may be filled out online and the completed form may be downloaded and emailed to admin@hewholaughs.org.

Contact Information

***Please Note: Applicants should reside in Union County; however, individuals residing in surrounding communities to Union County will also be considered for support. Application for minors must be completed by a parent or legal guardian.

Applicant Name:

Street Address:

City:

State:

Zip Code:

Service of Interest

***Please Note: Individuals that are approved may only use fund available through He Who Laughs, 1x/year for one service. A year is defined as a calendar year for application purposes. Incomplete applications will be returned.

Grief Care Package

Cunningham Panel

Reading Materials: grief, mental & emotional wellness, journal support, children

Roxiva Light & Sound Sessions

Application Consent

Your electronic signature states you understand and agree to the assistance policies of He Who Laughs.

While we would love to help all individuals who seek assistance, not all submitted applications will be approved, as funds are limited in availability. Final decisions regarding fund payouts are at the discretion of the Donor Advisors, Jonathan and April McMillan.

Please email the completed form to admin@hewholaughs.org. Submitted applications are reviewed monthly by the He Who Laughs Champion Wellness Committee.

Applicant Signature:

Date Submitted:

***Please Note: He Who Laughs takes your privacy very seriously. For more information, please refer to our privacy policy at <https://hewholaughs.org/privacy-policy>.

For Internal Use Only

Champion Wellness Committee Review Date:

Approve

Decline

Service:

Financial Amount Approved:

Donor Fund Advisor Signature: