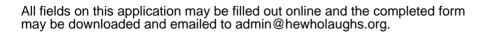
Application for Assistance





Contact Information

Donor Fund Advisor Signature:

to Union County will also be guardian.	considered for support. Application for minors must be completed by a parent or legal
Applicant Name:	
Street Address:	
City:	State: Zip Code:
Service of Interes	st
***Please Note: Individuals t is defined as a calendar year	hat are approved may only use fund available through He Who Laughs, 1x/year for one service. A year r for application purposes. Incomplete applications will be returned.
Grief Care Packa	nge
Cunningham Par	nel
Reading Materia	s: grief, mental & emotional wellness, journal support, children
Roxiva Light & S	ound Sessions
Application Cor	sent
Your electronic signatur	e states you understand and agree to the assistance policies of He Who Laughs.
While we would love to funds are limited in ava Jonathan and April McN	help all individuals who seek assistance, not all submitted applications will be approved, as lability. Final decisions regarding fund payouts are at the discretion of the Donor Advisors, dillan.
Please email the compl Who Laughs Champion	eted form to admin@hewholaughs.org. Submitted applications are reviewed monthly by the He Wellness Committee.
Applicant Signature	: Date Submitted:
***Please Note: He Who L at https://hewholaughs.org	aughs takes your privacy very seriously. For more information, please refer to our privacy policy /privacy-policy.
For Internal Use C	nly
Champion Wellness Co	ommittee Review Date:
Approve	Decline
Service:	Financial Amount Approved: