



Washington Mutual Alumni Emergency Assistance Program
Application Form for Third Grant

PERSONAL INFORMATION

DATE OF APPLICATION: \_\_\_/\_\_\_/\_\_\_

Name:

Last First Middle

Street Address:

Street (Apt) City, State Zip

Mailing Address:

Street (Apt) City, State Zip

Telephone Numbers:

( ) ( )
Home Telephone Mobile

Email Address:

Please check the box(es) that best describe your need for assistance:

- Trouble covering expenses for: [ ] Medical care [ ] Food [ ] Housing [ ] Child Care [ ] Job hunting
[ ] Transportation [ ] Utilities [ ] Other (Please specify):

Amount of assistance requested (maximum \$500):

By signing this document, you are affirming that you are still unemployed as of the date of this application and in need of additional assistance.

Signature:

PLEASE SEND YOUR COMPLETED APPLICATION TO:

WM Alumni Emergency Assistance Program
P.O. BOX 221007
Seattle, WA 98122-0

You will receive an email response if you meet the minimum eligibility criteria noted on our web site. Following that, you will be sent a phone appointment time to meet with Wellspring Family Services.