



Bus Pass Voucher Application

Referral Agency:

Date:

Agency Contact (name):

(title):

Phone:

Internal Referral:

External Referral:

Name of Recipient (client):

Email:

Address:

Phone:

Residency County:

City:

Zip Code:

Gender: Male

Female

Age:

Employed: Yes

No

Are you looking
for Employment:

Full
time

Part
time

No

Veteran: Yes

No

Level of Education Completed: High School Diploma / GED: Yes No

College Degree: Yes No

Reason for seeking assistance through Goodwill Industries' Bus Pass Program:

Number of Daily Passes Requested:

Number of Monthly Passes Requested:

Total Number of Bus Passes Provided:

Approved: Yes No

Approved by:

Please email form to missionservices@goodwillakron.org

Applications will be reviewed within 7-10 business days. Final approval is also based on available funding.