Goodwill
Serving Summit, Portage, Medina, Ashland & Richland Counties

Elizabeth Clark Emergency Fund 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' Elizabeth Clark Emergency Fund: (Describe in detail what items are most needed to assist the crisis or disaster situation. In detail describe special circumstances such as fire, flood or transitional housing).

Dependents/Household Members

	AGE	FULL NAME	GENDER	
1.			M ◯	F ◯
2.			M ◯	F ◯
3.			M ◯	F ◯
4.			M ◯	F ◯
5.			M ◯	F ◯

Total Amount Given: $

Approved: Yes ◯ No ◯ Approved by:

Please email form to eclarkfund@goodwillakron.org or fax to 330-786-2504

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