



Elizabeth Clark Emergency Fund Application

Referral Agency: _____ Date: _____

Agency Contact (name): _____ (title): _____ Phone: _____

Internal Referral: _____ External Referral: _____

Name of Recipient (client): _____ Email: _____
(required)

Address: _____ Phone: _____

Residency County: _____ City: _____ Zip Code: _____

Gender: Male _____ Female _____

Employed: Yes _____ No _____

Veteran: Yes _____ No _____

Age: _____

Are you looking for Employment: Full time _____ Part time _____ 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 by: _____

Approved: Yes _____ No _____ Please email form to eclarkfund@goodwillakron.org or fax to 330-786-2504

If you need assistance creating an email, follow this link to the GCF Free Gmail Tutorial. <https://edu.gcfglobal.org/en/gmail/>