

Brighton Masonic Lodge Charitable Fund

Application for Financial Aid



APPLICANT CONTACT INFORMATION

Name: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____ **Date** _____
Email Address: _____

NAME OF CHARITY or PERSON REQUESTING AID

Name: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____
Email Address: _____

DESCRIPTION OF ORGANIZATION or INDIVIDUAL

HOW MUCH AID DO YOU WISH TO RECEIVE

HOW FUNDS WILL BE DISBURSED

NAME AND AMOUNT OF FUNDS RECEIVED FROM OTHER SOURCES

NAME AND AMOUNT OF FUNDS PROMISED FROM OTHER SOURCES

PERCENT OF FUNDS FOR DIRECT ASSISTANCE

I swear that the information on this form is true and correct:

Signed _____ **Date** _____

SUBMIT FORM TO

**Brighton Masonic Lodge #247
Charitable Giving Committee
P. O. Box 144
BRIGHTON, MI 48116-8144
(810)227-9590**

Applicants will not be rejected for race, religion, sex, age or sexual preference.