

DOLLAR CLUB APPLICATION

Please fill out form entirely.
The Dollar Club awards funds ONCE A QUARTER, this is not best for those with immediate needs.

Completed forms can be mailed to: Latham Church, PO Box 4267, Huntsville, AL 35815; emailed to office@lathamchurchhsv.org or returned to the church office at 109 Weatherly Road.

Name	Date:	
Address	City	
How long have you liv	ed at your current address?	_
Phone (include area c	de) E-mail:	
Do you receive SSI?	If yes, how much per month?	
Do you receive food sta	nps? If yes, how much per month?	
Do you receive child sup	ort? If yes, how much?	
Are you employed?	If yes, name of employer	
	rom other organizations?	
Name	Please indicate other family members living with you: Age Relationshi p to you	
Describe your needs i	detail and the amount you are requesting:	
How would this help y	our situation?	
Do you receive SSI? Do you receive food sta Do you receive child sup Are you employed? Have you sought help If yes, who? Name Describe your needs i	If yes, how much per month?	

Please list any additional information on the back of this form.