



FINANCIAL NEEDS ASSESSMENT

PERSONAL INCOME

Applicant Name: _____

I am employed ___ Yes ___ No Weekly net household income/expenses: \$_____

Employer: _____ Employer Address: _____

City: _____ St: _____ Zip Code: _____

I have income from other sources ___ Yes ___ No If yes, please list: _____
(stocks, bonds, real estate, retirement assets?)

Do you have Investment Income? ___ Yes ___ No If yes, please list: _____

Do you have deposits in checking or savings? ___ Yes ___ No

INSURANCE COVERAGE

Primary Insurance Coverage: (public and/or private) LIST ALL

Name insured: _____ Policy #: _____

Insurance agent/contact: _____ Telephone: _____

Secondary Insurance Coverage: _____

Name insured: _____ Policy #: _____

Insurance agent/contact: _____ Telephone: _____

PARENT/GUARDIAN INFORMATION (For applicants under 18 years old)

Parent's Gross Annual Income: _____

STATEMENT OF NEED: On the back of this form, please explain your financial needs relative to this grant request (maximum \$3,000).

The information stated within this application is presented completely and truthfully. I realize if the information is deemed untruthful, The Bonnell Foundation has the right to withdraw my application and request for funding.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____