Centerra Co-op
Employee
Kindness Fund

APPLICATION FORM

NAME _____

ADDRESS _____

PHONE NO _____

EMAIL _____

RELATION TO EMPLOYEE _____

DATE NEEDED _____

AMOUNT REQUESTED: _____

REASON FOR REQUEST

SIGNATURE _____ DATE _____

PLEASE ATTACH ANY SUPPORTING DOCUMENTS SUCH AS A UTILITY BILL, MEDICAL BILL OR RECEIPTS.

EMAIL APPLICATION TO: **KINDNESS@CENTERRACOOP.COM**
MAIL APPLICATION TO:

EMPLOYEE KINDNESS FUND/CENTERRA CO-OP
813 CLARK AVE.
ASHLAND, OH 44805

APPLYING FOR FUNDS DOES NOT GUARANTEE APPROVAL. APPROVAL WILL BE BASED ON AVAILABILITY OF FUNDS AND REVIEW BY THE COMMITTEE.