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**Need of Assistance Application**

The JWBrine III Foundation has been created in loving memory of Jim Brine who spent his life quietly helping others. Please fill out the following application if you or someone you know is in need of assistance. Our grant committee will review your request and notify you of our decision. Please know that this information will remain private and will not be shared with anyone, unless approved by the recipient.

Name of person requesting aid:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recipient’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for grant request:

Amount Requesting:

How the funds will be used:

Please mail your request to:

JWBrine III Foundation ~ P.O. Box 255 ~ Burlington, MA 01803

Please contact us with any questions:

jwbrineiiifoundation@gmail.com

Check out our web site for more information about our foundation:

**www.jwbrineiiifoundation.org**