

Jackson College
Employee Benevolence Fund

CONFIDENTIAL APPLICATION

Use this form to apply for money from the Employee Benevolence Fund. Please send the completed application to the Foundation Office, attention, Julie Hand. If you have any questions, please call the Foundation Office at (517) 787-0244.

Date: _____

Name of who funds are requested for: _____

Building: _____

Phone number: _____

Amount requested: _____ (maximum range \$500)

This form is being completed by: _____

Description of circumstances:

For Committee Use Only

Date of Review _____

Members Present _____

Action Taken: