

The Haddie Fund

Date: _____

Child's Name: _____

Address: _____

Phone Number: _____

Family Members Name's and Relationships:

What are you requesting to purchase?

What is the primary purpose for purchasing?

What is the total cost of the item? _____

How much are you requesting? _____

Have you applied elsewhere? YES / NO

If Yes, where? _____

If Yes, how much did you apply for and how much did you receive?

Applied for: _____ **Received:** _____

Name and relationship of person completing this application:

Please attach a Professional Referral and a photo or catalogue description of the item. Additional pages may be attached if necessary.

Application packets should be mailed to:

Belpre Church of Christ
"Haddie Fund"
2932 Washington Blvd
Belpre, OH 45714

**or drop off to the church secretary Monday - Friday 10AM - 4PM*