



**EPISCOPAL CHRISTIAN  
CARING FOND  
of Central Florida**

**GRANT APPLICATION FORM**

The Episcopal Christian Caring Fund of Central Florida, Inc. disburses funds to assist the truly needy who have exhausted all other means of help or who are faced with an emergency situation.

All Grant Application Forms are to be submitted and signed by the RECTOR, VICAR, or in their absence, Assistant, Deacon, or Senior Warden of the parish within which the proposed care recipient resides and/or is a member.

If the Grant Application is approved, a check will be payable to the Church for disbursement by the Rector, Vicar, or other authority.

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Date \_\_\_\_\_ Grant Number \_\_\_\_\_

Church \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To: Ms. Julie Stanick, President  
1616 Fox Glenn Circle  
Winter Springs, FL 32708

Re: \_\_\_\_\_ \$ \_\_\_\_\_  
(Name of intended receiver) (Amount of request)

A: Family status: Single \_\_\_\_\_ Married \_\_\_\_\_ No. in family \_\_\_\_\_  
Employed \_\_\_\_\_ Retired \_\_\_\_\_ Monthly Income \_\_\_\_\_

Reason for Request: Shelter/Housing \_\_\_\_\_ Utilities \_\_\_\_\_  
Food \_\_\_\_\_ Storm Damage \_\_\_\_\_ Other \_\_\_\_\_ (EXPALIN)

(Grant Application continued)

B: Total parish assistance For this person: Rector's Discretionary Fund \$\_\_\_\_\_

Other \$\_\_\_\_\_ (EXPLAIN)

C. Secular Assistance: Does this person have insurance? Yes\_\_\_\_\_ No\_\_\_\_\_

Has all insurance been fully utilized? Yes \_\_\_\_\_ No \_\_\_\_\_ (EXPLAIN)

Are community social services available for present/future use? Yes\_\_\_\_\_ No\_\_\_\_\_

Have all available resources been suggested to Applicant?

DCF \_\_\_\_\_ Food Stamps \_\_\_\_\_ Power Company Assistance Program \_\_\_\_\_

Special Grants Funds \_\_\_\_\_

Have these/other sources been explored by Applicant? Yes \_\_\_\_\_ No \_\_\_\_\_ (EXPLAIN)

Is Applicant willing to seek guidance for financial problem? Yes \_\_\_\_\_ No \_\_\_\_\_

Have arrangements been made with Consumer Credit Counseling or other advisor?

Yes \_\_\_\_\_ No \_\_\_\_\_

ANY GRANT AMOUNTING TO \$1500 OR MORE MUST BE COORDINATED THROUGH THE CONSUMER CREDIT COUNSELING SERVICE. A COPY OF THE SERVICE'S REVIEW OF THE INTENDED CARE RECEIVER IS TO BE ATTACHED TO THIS APPLICATION. IN ADDITION, THE APPLICANT MUST FURNISH THE BOARD WITH A PERSONAL STATEMENT OF THEIR FINANCES. (The personal statement should accompany the application even when Credit Counseling is not indicated.)

A personal note written by the individual would assist the Board in the consideration of the request.

D, To the submitting authority:

ALL ABOVE QUESTIONS MUST BE ANSWERED AND ALL REQUESTED DOCUMENTATION INCLUDED. IN ADDITION, PLEASE ATTACH A PERSONAL STATEMENT OF ANY FURTHER EXPLANATION WHICH WOULD BE OF VALUE IN MAKING THIS GRANT, INCLUDING THE INTENDED CARE, WHICH WILL ENABLE THE BOARD TO BETTER UNDERSTAND THE FULL CIRCUMSTANCES SURROUNDING THE REQUEST AND TO ARRIVE AT AN EQUITABLE DECISION.

\_\_\_\_\_  
(Signature/Title)

\_\_\_\_\_  
(Date)