

Family Assistance Form

Name: _____

Address: _____

Phone number: _____

Email: _____

Type of assistance:

Please check one

- Prayers
- School related financial concerns
- Meal Train
- Physical help (yard work, house work, child care, etc.)

Please give a brief description of the help that is being requested:

When assistance is needed and how long it is needed for:

Amount requested (if financial): _____

Please email completed form to pac@cwcsmontrose.com The PAC will review at the upcoming meeting (held once a month). You will be notified of the PAC's decision to help by the following week.

**Please note that this is a request only, the PAC will approve requests as seen fit, not all requests will be approved. **