**Suburban Service League**

**Individual Support Request Application**

*Applications are accepted from September 1st through May 15th*

Date:

Name of individual in need of support:

Address where individual resides:

Street address:

City, State, Zip:

Phone:

Email:

*If different from above*: Name of person filing out form and relationship to individual in need:

Contact information of person filing out form:

Phone:

Email:

Does the individual know you are requesting support: □Yes □No

Please explain why the individual is in need of assistance.

Has this individual requested support from SSL in the past? □Yes □No

if Yes Approximately when?

Who referred or how did you hear about SSL?

Any other special fundraising accounts or current fundraising events scheduled?

Any additional information you would like to share with executive committee who will do the initial review of the request?

Completed application may be emailed to: **info@suburbanserviceleague.org**

or mailed to: **Suburban Service League**

**PO Box 2073**

**Frankfort, Illinois 60423**