Michigan P.E.O. Fund, Inc.

Application for Financial Aid

Please be assured that all information provided and deliberations by the Board of Trustees will be held in strictest confidence.

Please print or type the following:

Name: _____

Address: _____
(street) (city) (zip)

Phone (____) _____ **Date of Birth**: _____

Dependents: _____
(names and ages)

Nearest Relative: _____ Relationship _____
(name)

Address: _____ Phone: (____) _____
(street) (city) (zip)

Who referred you to the Michigan P.E.O. Fund, Inc .for aid?

Name: _____ P.E.O. Chapter _____

Address: _____ Phone: (___) _____
(street) (city) (zip)

Explain the reasons for needing financial aid: (use back of form if necessary)

_____
_____
_____
_____
_____

Do you receive aid from other sources? Yes No

Please explain:

_____
_____
_____
_____
_____

PLEASE CONTINUE ON REVERSE

Michigan P.E.O. Fund, Inc.

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Have you investigated other sources of aid? Yes No

Please list all sources investigated:

_____
_____
_____
_____
_____
_____

Amount and type of financial aid requested from the Michigan P.E.O. Fund, Inc.:

1) Single payment for a specific expense: $_____

2) Monthly: $_____ For what period of time? _____

_____ _____ _____

Signature of applicant Signature of sponsor Date