

Ashley Williams Foundation

2656 Sweet Springs St., Deltona, FL 32738

Email: awilliamsfoundation@yahoo.com • www.ashleywilliams.org

Application for Financial Assistance

Vital Information

Full Name

Last Name First Name M.I

Address

Street Address Apt./Unit #

City State Zip

Home Phone# () - Cell Phone # () - Email: _____

Social Security # ____ - ____ - ____ Date of Birth ____/____/____

Marital Status Single Married Divorced

Desired Program:

Cervical Cancer Student Moms Community Kids Family Care Elderly Assistance

Education

High School _____ Address _____

From _____ To _____ Did you Graduate? Yes No Degree _____

College _____ Address _____

From _____ To _____ Did you Graduate? Yes No Degree _____

Other _____ Address _____

From _____ To _____ Did you Graduate? Yes No Degree _____

Further Information

If you could explain briefly for us, how you plan on using the funds:

Have you applied for help with our organization, or any other organizations for financial assistance? If so please list the organization(s) below

Please be advised that the Ashley Williams Foundation does not discriminate on the basis of race, age, religion, gender or etc, each applicant is evaluated by our management board and accepted or rejected according to our foundation standards.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to assistance from The Ashley Williams Foundation, I understand that false or misleading information in my application or interview may result in my not being eligible for assistance, and any funds that may have been received shall be returned or repaid 100% of the lent amount.

Signature: _____ Date: _____