



Raising HOPE Financial Assistance Application

Dear Mentee,

Raising HOPE: Women Mentoring Women to Success is excited to be able to consider your application for financial assistance.

Funds can be used for a range of things, as long as they further your 12-month Raising HOPE goals. In order to apply for these funds, a Mentee must discuss her request with her Mentor, and have the Mentor complete the appropriate section on the attached financial assistance application.

Once you and your mentor have discussed your request, and the attached application is completed, including the required backup documentation, please email, mail, fax, or deliver your financial assistance application to:

- asummers@ulsterunitedway.org
- Fax to 845-331-4789
- Mail to United Way of Ulster County, 450 Albany Ave., Kingston, NY 12401

Please be advised that Raising HOPE does not provide cash, and only pays vendors directly (i.e. school, store, auto repair shop, etc.). Back up documentation is required including the vendor name, address, phone number (if appropriate), and any other supporting information that will help us make a determination (i.e. printouts of items to be purchased or courses to be taken). If purchasing an item, please provide two estimates so that we are assured that funds are used as cost-effectively as possible.

Raising HOPE staff will review your application, and contact you if we have any questions. Once the Raising HOPE staff has reviewed and approved your request, it will be forwarded to the United Way of Ulster County Chief Financial Officer and Chief Executive Officer for final approval. Every effort is made to review and approve financial assistance requests as soon as possible.

To your success!

The Raising HOPE Team



Raising HOPE Financial Assistance Application

Date Application Received: _____

Mentee Name: _____ Mentor Name: _____

1. How much are you requesting in financial assistance? \$_____

If there is a deadline for when you need to receive these funds, please provide the date: _____

2. What will the funds be used for (i.e. academic classes, school supplies, car repairs, etc.)?

3. How will the funds help you achieve your 12-month Raising HOPE goals?

4. Mentor Comments:

5. Vendor Name, Address, and Phone Number (if appropriate)

6. Attach other supporting documentation (i.e. printouts of items or courses) and if purchasing an item, two estimates.

7. Complete the attached Income and Expense Sheet.



Raising HOPE Financial Assistance Application

Approved by: _____
Raising HOPE Program Director

Date: _____

Approved by: _____
United Way Chief Financial Officer

Date: _____

Approved by: _____
United Way Chief Executive Officer

Date: _____

Return to Program Director Amy Summers:

- asummers@ulsterunitedway.org
- Fax to 845-331-4789
- Mail to United Way of Ulster County, 450 Albany Ave., Kingston, NY 12401

RAISING HOPE FINANCIAL ASSISTANCE WORKSHEET

| INCOME SOURCES | AMOUNT | | INCOME SOURCES | AMOUNT | |
|------------------------------------|----------|-----------|----------------------------|----------|-----------|
| | Weekly__ | Monthly__ | | Weekly__ | Monthly__ |
| Wages, Salary, Tips, Commissions | | | Pensions | | |
| Self-Employment | | | Unemployment Insurance | | |
| Child Support Payments | | | Social Security Disability | | |
| Income from lodgers/boarders | | | S.S.I. | | |
| N.Y.S. Disability Payments | | | Survivor's Benefits | | |
| Social Security/Retirement | | | Veteran's Benefits | | |
| Contribution for Shelter/Utilities | | | Worker's Compensation | | |
| Temporary Assistance | | | Other (Specify) | | |

TOTAL INCOME _____

| EXPENSES | WEEKLY | MONTHLY | ANNUALLY | IN ARREARS |
|--------------------|--------|---------|----------|------------|
| Rent__ Mortgage__ | | | | |
| Utilities Heat | | | | |
| Phone | | | | |
| Electric | | | | |
| Taxes | | | | |
| Medical Bills | | | | |
| Car Payment/Upkeep | | | | |
| Life Insurance | | | | |
| Health Insurance | | | | |
| Loans | | | | |
| Food | | | | |
| Clothing | | | | |
| Child Care | | | | |
| Other (Specify) | | | | |

TOTAL EXPENSES _____