## **STRATTON FOUNDATION**

Emergency Assistance/Crisis Gift Application

Name:	Date of Request
Family's	Mailing / Physical Address:
Person/or	rganization making the request on family's behalf:
Email of	Contact: Phone:
PRELI	MINARY QUESTIONS
1.	What town do you/family live in? Arlington / Danby / Dorset / Jamaica / Landgrove / Londonderry / Manchester / Peru / South Londonderry / Stratton / Sunderland / Townshend / Weston / Wardsboro / Windham / Winhall Other:
2.	Are there school-age children living in the household? AGE: AGE: AGE: AGE:
3.	Where do the child/children attend school?
4.	Is this a Single Parent home or Couple?
5.	What is the number of wage earners living in the household? #
6.	Are there other sources of household income (Please describe)?
7.	Have you received financial assistance from the Stratton Foundation in the past? If Yes, for what? When?
8.	Will this 'gift' be directly used or owned by the family? YES / NO
9.	Is this ask for 'survival needs, a result of an emergency or trauma? YES / NO
10.	Is this ask to be used to pay an existing debt? YES / NO
11.	Will this gift benefit more than one individual in the household? YES / NO Benefit children? YES / NO
REQUI	EST
Circle which of the following best describes the nature of the request:  Transportation or car repair / Housing / Food / Heat or Utilities / Appliance / Health / Basic Necessities / Other	
Circle the agencies / resources that have been contacted for help before coming to the Stratton Foundation:	
Lions Club / Rotary / Just Neighbors / Neighborhood Connections / Red Cross / United Way / SEVCA / Church / Other	
Please 6	explain how they can /or why they cannot help:
	Total amount needed: \$
Amo	ount requested from the Stratton Foundation: \$
	Amount of assistance received from others: \$
Please p	provide estimates or proof of request to: Info@strattonfoundation.org or (802) 297-2096
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Describe the request (Attach more if needed):		
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