



#KeepLowryStrong COVID-19: Emergency Relief Fund Application

First Name _____ Last Name _____

Street Address _____

City _____ State _____ ZIP _____

Phone # _____ Cell Home

Email Address: _____

Amount Requested \$ _____

YOUR CONNECTION TO LOWRY:

Resident of Lowry: Yes No

Student or a household family member of a student in Lowry:

Yes, School Name: _____ No

Employee or former employee of a Lowry business:

Yes, Business Name: _____ No

Please tell us what type of help you need and why:

Please provide us with the name and email/phone number of a person (for example, your employer) who can help us verify your request:

Name _____ Email _____ Phone _____

If relevant, provide documentation to support your specific need (for example, a utility bill).

Note: Your request will be reviewed by a committee of Lowry residents and approved by the Lowry Foundation Board of Directors. You will be notified with a decision within two weeks of submitting your application. By signing below, I certify that the information in this application is true and correct to the best of my knowledge.

Signature - Marking above acts as an original Signature

Date

Printed Name