

Charlotte Food Shelf Inc.
APPLICATION FOR GRANT ASSISTANCE

Please Print

Name of Applicant	
Address of Residence	
Town	
Phone No.	
Number of Full-time Residents In the Household	

Reasons for Applying

I request grant assistance from the Food Shelf for the following purpose(s):

Permission to Contact Other Parties

I understand that the Food Shelf may need to contact third-party providers for which I am requesting funds to pay outstanding obligations. I am also aware that Charlotte Community Church and Our Lady of Mount Carmel Church may become involved with my efforts to seek assistance. I give permission to the Food Shelf to notify such providers and partnering churches of this application.

Confidentiality

I pledge to keep confidential all information regarding any grant assistance that I may receive as a result of this application. I understand that the Food Shelf and the partnering churches will also keep confidential all information that I provide to protect my privacy.

Signature of Applicant: _____

Date: _____