

THE GOOD NEIGHBOR FUND OF ST. PARASKEVI GREEK ORTHODOX CHURCH, 1 Shrine Place, Greenlawn, NY 11740

ALL INFORMATION IS STRICTLY CONFIDENTIAL Today's Date: _____

Applicant: _____ Date of Birth _____

Address: _____

Home Phone number: _____ Cell: _____

Name of Organization that referred you _____

Contact person/number to discuss your case: _____

Name of medical insurance: _____

Are you receiving financial assistance from other organizations/agencies? _____ If yes, please list in detail: _____

Are you currently employed? _____ If yes, list employer and contact phone number _____

Have you applied for assistance from the Good Neighbor Fund before? If yes, list date of award and the amount: _____

Describe your present health situation and why you are seeking financial assistance: _____

Please specify the amount of money you are in need of and for what purpose: _____

of your application will not be accepted. You will be notified once your case is reviewed..
A copy of bills and/or receipts must be submitted & all questions must be answered, otherwise your application will be returned without being processed.

Signature of applicant

Date