



Financial Assistance Application

Contact Information

Name: _____

Phone: _____

Address: _____

Email: _____

Household Information

of Adults (19yo+): _____

of Children (12yo+): _____

of Children (0-11yo): _____

Why do you need assistance?

Prioritize Specific Needs (Please list Needs in Order of Priority)

1. _____

2. _____

3. _____

4. _____

5. _____

Desired Amount for Needs (Please Circle)

\$50-\$100 \$100-\$150 \$150-\$200 \$200-\$250

How would you like funds to be distributed? (Please Circle)

Online Payment

Prepaid Card

Gift Card (Please Specify Place(s) of Business)

- _____
- _____
- _____

Assistance Disclosure Statement

The Bennington Chamber of Commerce strives to be a continual resource within our community. However, as with any organization, we have limited resources. By submitting this application, the applicant understands funds aren't guaranteed and are distributed on a situational basis as financial resources become available. Additionally, distributed funds may not encompass the applicant's needed amount in full. By signing and submitting this form, the applicant agrees to these limitations and will accept whatever financial assistance we can give.

Applicant Signature: _____ Today's Date: _____