Submit Application to: PO Box 803 Pleasant Garden, NC 27313-0803

ARK CHARITIES "Acts of Random Kindness"

Application for Assistance Household Information

Name:		Date:	
Address:		(Hama)	
Number of Adults in Household:		Number of Children:	
Adult Names	Marital Status	Level of Education	Relationship to Applicant
Children in Household	Age	School or Work/ Grade	Gender

Assistance Kequested:			
Christmas Support	School Lunches	Utility Bills	Medical Expenses
Back to School Supplies _	Other:		
Would you be willing to meet	with an ARK represent	atíve to díscuss your r	needs?
the applicant's need Give sp	pecifics of the situation th	ne applicant is in:	ld help ARK staff understand
How did you hear about AF			