

# THE JERRY SWETT FUND

## FINANCIAL ASSISTANCE REQUEST FORM –

Revised August 2, 2004

Date of Request _____	Amount Requested \$ _____
Requester's Name or other Identifier _____	
Referred by (Agency or Individual) _____	
Address and/or Telephone Number _____	
Payable to (Third Party) _____	
Purpose of Request _____	
_____	

Requests for Services to be provided must be sent to:  
**ISGCBI, PO Box 6338, Boise, ID 83702-6338.**

I, the undersigned, acknowledge that I have received either for myself, or on behalf of the above named *Requester*, the sum of \$ \_\_\_\_\_ from the Jerry Swett Fund. I acknowledge that the Administrators of the Jerry Swett Fund may choose to provide financial assistance either by cash, by money order or by check to a third party or organization on my behalf. I further acknowledge that the Jerry Swett Fund is a private fund supported by community donations and that it is not an entitlement program.

*Signature of Requester or Designee* \_\_\_\_\_

### JERRY SWETT FUND ADMINISTRATORS APPROVAL BLOCK

Date Approved \_\_\_\_\_ Amount Approved \$ \_\_\_\_\_

*Authorized Signature* for Approval \_\_\_\_\_

### JERRY SWETT FUND ACCOUNTING BLOCK

Date paid by Jerry Swett Fund \_\_\_\_\_ Jerry Swett Check # \_\_\_\_\_ \$ paid \_\_\_\_\_