

**AMELIA DAVIS FUND APPLICATION
FOR ASSISTANCE**

Available to members with physical and economic limitations

Independent Association of Framingham State Alumni

42 Adams Road, Framingham, MA 01702-2456

508.872.9770

Statement of Applicant

Full Name _____

Maiden Name _____ Class _____

Address _____

Date of Birth _____ Phone Number _____

Occupation _____ Retired (Yes or No) _____

PHYSICAL CONDITION _____

Specific Disease or Disability _____

Outlook for the future _____

ECONOMIC CONDITION (Attach a copy of your most recent Federal Income Tax return, Social Security benefit report, and similar documentation, if applicable.)

Income (including sources and amounts) _____

Other Resources (such as Bank Account(s), Investments, or Family Support) _____

EXPENSES

Regular _____

Occasional _____

BENEFIT DESIRED (In some instances benefits from the Fund are made in regular monthly or quarterly payments and in other cases a lump sum is paid to meet an emergency.)

How may we best serve you?

What amount do you have in mind? _____

Does the matter require immediate attention? _____

If additional space is needed, attach another sheet of paper.

Date _____ Signature _____