



Application for a Community Connection Grant

If you would like to apply for a Community Connection Grant, please fill out this application form accurately and completely. If you have not already done so, you should review the Guidelines for a Community Connection Grant first. By submitting this application, you agree that the information contained within it is true and complete to the best of your knowledge.

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____

State/Province: _____

ZIP / Postal Code: _____

Telephone: _____

Email address: _____

Your Psych Central username: _____

I have been a member of Psych Central for at least 6 months (circle one): YES NO

FINANCIAL & LIVING INFORMATION

- I am employed (circle one): FULL-TIME PART-TIME
- I am unemployed at this time

Annual employment income (usually, whether or not currently employed): \$ _____

- Housing (circle one): OWN RENT LIVE WITH FAMILY

Monthly mortgage or rental payment if you own or rent: \$ _____

- I use Food Stamps, SSI, SSD or some other government assistance program.
- I have contacted local community and/or government resources for help.
- I have contacted my family and/or friends about needing financial assistance.

REQUEST FOR HELP

Requested amount: \$ _____ (maximum: \$500)

Please describe the reason you are seeking this grant.
Please provide as many details as possible.

Your Signature

Today's Date

Please mail to: Psych Central Community Connection
55 Pleasant St., Suite 207
Newburyport, MA 01950