

NEW JERSEY CARES HOME FUND
APPLICATION FOR \$500 GRANT
FOR RETIREMENT/NURSING HOME ASSISTANCE

SPONSORING CHAPTER_____

PRESIDENT_____

PHONE_____

EMAIL_____

Is applicant a P.E.O._____

President:

Date:

Recording Secretary:

Date:

FOR NJ CARES COMMITTEE USE ONLY

Date Application received_____

Aid requested

\$_____

Date Application approved_____

Amount aid granted

\$_____

Date Application denied_____

Chairman of Committee

Dated

Members of Committee

President, New Jersey State Chapter

Dated

