



Montserrat
Children's Society

MCS Financial assistance application

T O	NAME	MONTERRAT CHILDRENS SOCIETY
		(BENEFITS COMMITTEE)
	ADDRESS	LOOK OUT
		MONTERRAT

F R O M	NAME	_____
	ADDRESS	_____

	E-MAIL	_____
	PHONE	_____

APPLICANT	
FULL NAME OF CHILD: _____	
PARENT/GUARDIAN'S CONSENT (if application not from either) _____	
ADDRESS: _____	
PHONE #: _____	
E-MAIL ADDRESS: _____	
DATE OF BIRTH: (dd/mm/year) _____	
IDENTIFICATION # _____	
EMPLOYMENT STATUS OF PARENT/GUARDIAN:	
Employed (full time) <input type="checkbox"/>	Employed (part time) <input type="checkbox"/>
Self-employed <input type="checkbox"/>	Unable to work <input type="checkbox"/>
Retired <input type="checkbox"/>	
identify Nos and	
DO YOU HAVE ANY DEPENDANTS?: YES <input type="checkbox"/> NO <input type="checkbox"/>	

EXPENSES	INCOME/RESOURCES
FOOD: _____	EMPLOYMENT _____
UTILITIES: _____	BENEFITS: _____
OTHER: _____	(e.g Social Welfare)
	HAVE YOU EVER RECEIVED ANY COMPENSATION <input type="checkbox"/> <input type="checkbox"/>
	If Yes; AMOUNT: _____
	DATE RECEIVED: _____

NATURE OF REQUEST		
FINANCIAL ASSISTANCE REQUIRED:	EDUCATION: <input type="checkbox"/>	HEALTH: <input type="checkbox"/> <input type="checkbox"/>
OTHER <input type="checkbox"/> SPECIFY: _____		
REASON FOR APPLICATION: _____		
VALUE (EC\$): _____		
CERTIFIED BY:		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
FULL NAME	OCCUPATION	DATE ASSESSED

The above information is submitted for the sole purpose of review by the MCS.	SIGNED: _____
I hereby certify that the information provided by me is true in every aspect	PRINT NAME: _____
	DATE: _____