

RENEWS

Ethnee Garner

Memorial Hospital

3073 White Mountain Highway

North Conway, NH 03860

RENEWS Application for Assistance

Date: _____

Applicant's Name: _____

Age: _____ Date of Birth: _____

Male [] Female [] Social Security # (optional): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Physical Address if different from mailing address:

Describe request assistance (PFD, scholarship for swimming lessons, etc.):

Documentation verifying residency:

NH Driver's License : _____

Electric Company Statement: _____

Other Utilities Statement: _____

Tax Bill: _____

If a minor, list school name and town: _____

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If someone other than the applicant is submitting this application, please complete the following:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Relationship to applicant: _____

Names and contact information of persons RENEWS should contact if we have any questions concerning arrangement for distribution of funds:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Relation: _____

Please provide a brief explanation of what the funds will be used for, and identify the organization:

(Example: Aquatic center, Red Cross, Conway Rec Center, etc.)

Organization: _____

Address: _____

City, State, Zip: _____

Mail Application To:

RENEWS

c/o Ethnee Garner

Memorial Hospital

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