CtK Cares Application Form

Information of person submitting the application.

Name: _____

Address: _____

Phone: _____

Email: _____

Type: (circle one) In school assistance: for Ctk Staff/Students/Family

Community Assistance: for Halton Hills Residents/Associations

Name of person/family/organization being referred. Please add contact information

Name: _____

Address: _____

Phone _____

email _____

A brief explanation of the need.

_____

_____

_____

_____

Amount needed? $_____

Urgency Of need: _____

Immediately? Within a certain amount of time?: Specify _____

Please provide two people that we could contact for additional information:

Contact One:

Name: _____

Address: _____

Phone: _____

Email: _____

Contact Two:

Name: _____

Address: _____

Phone: _____

Email: _____

"Do justice, love kindness, walk humbly with your God" Micah 6:8