



## APPLICANT QUESTIONNAIRE

Thank you for your application submission to AWCI Cares. It is the mission of AWCI Cares to provide financial assistance to employees of our member companies in a time of hardship.

To enable the AWCI Cares Leadership Team to assess your request accurately, please reply with answers to the following questions. As with all materials related to this request, your name and identifying information is kept confidential.

**1) Please indicate the amount of dollars you are requesting and the purpose. \$\_\_\_\_\_**

**2) On a scale of 1 to 5 using the descriptions below as guidance, please indicate your level of need.  
Number = \_\_\_\_**

*1 = It would be rewarding to receive financial assistance but will not experience additional hardship without it.*

*2 = I will experience substantial hardship without financial assistance.*

*3 = My immediate family or I have received or am about to receive critical medical services and am unable to pay for part or all of the expenses.*

*4 = I am facing personal bankruptcy.*

*5 = I am unable to continue to provide housing, utilities and enough food for my immediate family or myself.*

**3) Has your employer or co-workers contributed financial or other assistance to help alleviate your difficulties? Yes or No \_\_\_\_\_**

**If yes, please indicate the financial level of type of assistance.**

**4) Has any other agency/organization provided financial or other assistance to help alleviate your difficulties? Yes or No \_\_\_\_**

**If yes, please list the agency/organization and the financial level or type of assistance.**

**5) What will it mean to you personally and financially to receive assistance?**