



Heartway Foundation

A Non-profit Charitable Organization

Application for Financial Assistance

(Please type or print clearly)

Thank you for applying to Heartway Foundation for assistance. Please complete this form and mail or fax it to:
Heartway Foundation, 3748 74th Ave SE, Salem, OR 97317
FAX 503-373-3606

Application Information

Name of Applicant:

Street Address:

City: State: Zip/Postal code:

Home Phone: Mobile/Alt Phone: Email:

Social Security # _____-____-_____ Birth date:

Driver's License #: Issuing State:

(The above personal information will be kept confidential and used only for verification of your identity where necessary)

Residence status: own rent other:

Marital Status: married Single Divorced other:

Dependents' ages: __, __, __, __, __, __, __

Employment Status: Employed Self employed Student Unemployed Active Military

Current employer: Type of work: For how long (years):

Approximate Yearly Income: Below \$30,000 \$30,000-\$50,000 \$50,000 to \$100,000 \$100,000 +

Educational level completed: HS Trade School College Degree Post-Grad Degree:

Other trainings:

Military Background:

How did you hear about Heartway Foundation?

May we contact you concerning this application? YES NO

Tell us in your own words why you are applying for assistance (use additional pages as necessary):

I attest that all information on this application is true and accurate to the best of my knowledge and that I have read Heartway Foundation's privacy policy. I understand and agree that this application is a request for funding, that I am not assured acceptance, that awarded monies will be paid to the provider of services rather than to me personally, and that I will not hold Heartway Foundation legally responsible for any care and/or education provided by funding awarded.

Signature of applicant: _____

Date signed: _____