

MAINE ACADEMY OF COUNTRY MUSIC

OUTREACH PROGRAM, P.O. Box 2423, Augusta, ME 04338-2423

It is the purpose of this program to provide financial support to M.A.C.M members (including immediate family) and M.A.C.M. benefactors in a time of need. This program is not meant to be the whole means of support but a financial hand up. This is a one-time offering to a household requesting financial assistance, the maximum assistance allowed is up to \$500.00. All requests must be made in writing on the form below and submitted for review. The reviewing committee will make a determination within seven (7) to ten (10) business days of receipt. The information concerning your request for assistance, including the application, decision and other information is strictly confidential. Please make a copy of your completed form for your records before mailing.

APPLICATION FOR ASSISTANCE

Date of Application: _____

Name(s): _____

Phone: _____

Address: _____

Reason for request:

Amount Requested: \$ _____

Review committee date of receipt: _____

Approved / Denied Date: _____

Reason Denied:

Amount Approved: \$ _____

Review Committee signatures:

Claudette Marcoux, Membership Date

Kathy White, Secretary/Director Date

Nancy Crosby, Director Date

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OUTREACH PROGRAM – CRITERIA

Application request for: _____
 Name of Applicant(s)

Current membership status verified: YES NO

Criteria used for the decision process:

Qualifying Requests: Please circle all that apply

- Illness
- Job Layoff
- Accidental Injury
- Unexpected costs due to death
- Loss of federal or state benefits

Assistance requested: Please make a check mark next to each type of assistance being requested and enter the amount of the request:

√	ASSISTANCE	AMOUNT	√	ASSISTANCE	AMOUNT
	Food	\$		Prescriptions/Medical	\$
	Rent	\$		Water/Sewer Bill	\$
	Mortgage	\$		Other (Specify)	\$
	Electricity	\$		Other (Specify)	\$
	LP/Natural Gas	\$			
	Heating Fuel	\$		Total Assistance Required	\$

Please provide copies of all supporting documentation/invoices for funds being requested. Your application will not be processed without them and be returned.

 Applicant Signature Date

 Applicant Signature Date