

**AGC CHARITIES, INC.  
SPECIAL ASSISTANCE APPLICATION**

**Application for Special Assistance for Individuals or Organizations**

**(Please Type or Legibly Print. Form Must be Completed in English.)**

**Name of Individual or Organization Applying:**

**Occupation/Job Title:**

**Employer:**

**Business Address:**

**City, State and Zip:**

**Home Address:**

**City, State and Zip:**

**Telephone (Home):**

**Telephone (Cell):**

**Telephone (Work):**

**Please provide your temporary contact information:**

**Address:**

**City, State and Zip:**

**Telephone:**

**E-Mail Address:**

**Briefly describe the nature of the special assistance needed and provide details. Explain in detail the type of assistance being requested (attach additional sheets if necessary).**

**Please provide the date the hardship occurred:**

**What is the estimated amount of special assistance being requested?**

**Have you received financial or other assistance from AGC Charities in the preceding 12 months?**

**If yes, when:**

**Please provide where you would like your Special Assistance payment mailed:**

**Address:**

**City, State and Zip:**

**Certification by Applicant:**

I certify that the information contained in this application is true and complete. I understand that a fraudulent representation or omission of any information requested is grounds for immediate refusal to grant assistance under this program.

I authorize AGC Charities to make any inquiries that it deems necessary to verify the accuracy of any information provided on this application or submitted in conjunction with the application.

I understand that AGC Charities may request additional information or documentation to make a determination as to the eligibility to receive assistance. I understand that the granting of such assistance is neither a right nor entitlement and that the Board of Directors of AGC Charities, Inc. shall have the sole discretion in determining whether I qualify for assistance.

Signed \_\_\_\_\_

Date: \_\_\_\_\_

**Please forward completed and signed application to your local chapter by fax or regular mail. You may also submit the completed application directly to AGC Charities, Inc. at the following address:**

**Nahee Rosso  
AGC Charities, Inc.  
2300 Wilson Boulevard #300  
Arlington, VA 22201  
P 703-548-5348  
F 703-837-5303**