



# HATCH MEMORIAL ASSISTANCE FUND APPLICATION

(FOR CAMDEN COUNTY FAMILIES)

The Hatch Memorial Assistance Fund provides financial assistance to Camden County families to support **the needs of a child with disabilities or a child who is medically fragile.**

The Hatch Memorial Assistance Fund is intended to provide client assistance to support needs that are not funded through existing program budgets. Funds must be designated to support the overall health and wellness goals for the child. Directions to request funding from the Hatch Memorial Assistance Fund for a family served by your program:

1. Program Directors or AVP's should complete this application to request funding. Submit the completed application to the PR Office – Attn: Jen Hammill. You will receive a response quickly.
2. If your request is approved, you will need to spend the funding within 30 days of receiving the approval via check request, program advance or program credit card.
3. Turn in original receipts along with credit card statement (if applicable) to the finance office within 30 days of receiving the approved application. Include "Private Fundraising - Hatch Fund" as the allocation.

**Please Print or Type**

**Program Name:** \_\_\_\_\_

**Amount of Request \$** \_\_\_\_\_

**Date of Request** \_\_\_\_\_ **Date funds are needed by** \_\_\_\_\_

**Name of Staff Person** \_\_\_\_\_

**Staff Email** \_\_\_\_\_

**Staff Office Phone** \_\_\_\_\_ **Staff Cell Phone** \_\_\_\_\_

**Office Address** \_\_\_\_\_

**Additional Information**

**Program Name** \_\_\_\_\_

**Family Last Name** \_\_\_\_\_

**Family Address in Camden County** \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Does the child have a medical condition or disability** Yes No

**Please explain further** \_\_\_\_\_

**What will the funds be used to purchase?**

**How will the purchase help the child/family? And, how will the purchase support the child's overall health/wellness goals?**

**How will you complete the purchase?**

- Check Request. Attach the check request signed by your AVP to this application.**
- Program Advance. Attach the program advance signed by your AVP to this application.**
- Program Credit Card**