

Application for Financial Assistance
from Gwynedd Fiduciary Corp. Funds Administered by Care & Counsel

Submit to Clerk of Care & Counsel by email (call clerk if problems emailing)
C&C meeting is the first Monday of the month

1. Name _____ Date _____

2. Contact me by email _____ or phone _____

3. Briefly describe assistance sought.

4. Total cost _____ Amount requested _____

5. Date assistance needed _____

6. Address for receipt of check: _____

For C&C Committee Use

Approved ____ Not Approved ____ Date _____ Amount _____

Fund _____

Clerk or Financial Record Keeper electronic signature _____