

Sacramento Friends Meeting  
FINANCIAL ASSISTANCE REQUEST

Please return this form to the Clerk of the Care Committee.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

**Ben Lomond Quaker Center -- Use of Meeting Pass**

EVENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

After the event, please share your experience with the Meeting.

**Quaker Scholarship request**

EVENT NAME \_\_\_\_\_ REQUESTED AMOUNT \$ \_\_\_\_\_

Does the sponsoring organization provide matching funds? \_\_\_ yes \_\_\_ no

After the event, please share your experience with the Meeting.

**Sharing Fund request**

Requested \$ \_\_\_\_\_

Reason for requesting assistance from the Sharing Fund \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Amount Approved \$ \_\_\_\_\_ Date Approved \_\_\_\_\_