



**EZ
OSTROFF
BOYS**
FOUNDATION FOR
CHILDREN'S AND
YOUTH MINISTRIES

**EZ Ostroff Boys Foundation
Assistance Application**

1. Applicant Information

Full Name: _____

Phone Number: _____

Email (optional): _____

Address: _____

2. Household Information

Adults: _____ Children: _____ Ages: _____

3. Type of Assistance Requested

☐ Christmas gifts ☐ Food/Groceries ☐ Clothing ☐ Utilities

☐ Housing ☐ Emergency ☐ School Needs ☐ Other: _____

4. Description of Need

5. Amount or Type of Help Needed

6. Supporting Documentation (if available)

☐ Bill/Statement ☐ Photo ☐ Written Note ☐ Other: _____

7. Certification

I certify the information provided is true and accurate.

Signature: _____ Date: _____

Internal Use Only

Approved By: _____

Amount/Support Given: _____

Notes: _____