



UPPER ARLINGTON  
COMMUNITY  
FOUNDATION

GOOD NEIGHBOR FUND

APPLICATION

Instructions: Please complete all fields and send to tharbold@uacommunityfoundation.com

**Criteria to access Good Neighbor Grant**

Must be Upper Arlington, Ohio resident; must be able to demonstrate need due to a unique unforeseen event such as illness, calamitous event or urgent circumstance that creates a hardship; must not have received Good Neighbor grant assistance in the past. If you have questions, please ask your advocate or call 614-451-0700.

**Required Information**

**Must include copy of invoice and/or bill that you requesting help with.**

By completing the information below, an email will be sent to you with your saved application so you will be able to access it at a later time.

Full Name \* \_\_\_\_\_

E-mail \* \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Please list people living in household and ages: \_\_\_\_\_

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

Please describe your emergency, need and circumstances in detail (including all dates):

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

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Total Amount Requested: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Please list 3 references with contact information that can confirm and recommend you for this grant award. Our current advocate partners include: Upper Arlington Lutheran Church; First Community Church; UA Commission on Aging; UA Fire and UA Police. If you have a relationship with any of our advocate partners, we ask you ask for their help and advocacy in completing the application.

We hope that you would be willing to tell your story so it may serve to inspire others to support the Good Neighbor Fund.

\_\_\_\_\_ Check here if you are willing to tell your story