

CORA J. POPE TRUST SENIOR GRANT FUND APPLICATION

A MINISTRY GRANT FUND TO HELP APPLICANTS SAFELY REMAIN IN THEIR RESIDENCE

A ministry of the Synod of Lincoln Trails and the Presbyterian Church (USA)



PLEASE PRINT

Date of Application ___/___/___
Applicant Name _____ Birth Date _____
Street Address _____ City _____ Zip _____
Phone _____ Alternate Phone _____ Email _____

REFERENCES

Presbyterian church affiliation & Pastor name (if applicable) _____ City _____
1st non-family reference name _____ Phone _____ Relationship to applicant _____
2nd non-family reference name _____ Phone _____ Relationship to applicant _____

A total grant of up to \$2,500 per household per calendar year may be awarded. Disbursement will go directly to the provider of services, based on approval by the Board. The service provider must provide proof of liability insurance. Please attach bills and/or estimates of services.

Description of needs: _____

Total estimated costs: \$ _____

FINANCIAL ASSISTANCE AND AMOUNT CURRENTLY BEING RECEIVED FROM:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

PLEASE SUBMIT COMPLETED APPLICATION ONLINE OR PRINTED AND MAILED TO:

Cora J. Pope Trust Senior Grant Fund
c/o First Presbyterian Church of Ottawa, 114 E. Jefferson St., Ottawa, IL 61350

Office use only:

Date of interview with applicant: ___/___/___
Comments/pertinent information/recommendation from interview:

Date of interview with Pastor: ___/___/___
Comments/pertinent information/recommendation from interview:

Date of interview with 1st Reference: ___/___/___
Comments/pertinent information/recommendation from interview:

Date of interview with 2nd Reference: ___/___/___
Comments/pertinent information/recommendation from interview:

Date application is sent to CJP Trust Board President: ___/___/___ Application approved? Y/N _____
Payment approved: \$ _____ payment to _____ Payment approved: \$ _____ payment to _____
Payment approved: \$ _____ payment to _____ Payment approved: \$ _____ payment to _____
Payment approved: \$ _____ payment to _____ Payment approved: \$ _____ payment to _____

(Continue on back if necessary)

(Revised 12/1/2022)