



Helping hands for  
our local community

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## A Bounce Forward Aid Application

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To apply for financial assistance, you must meet the following criteria:

1. The applicant must show a need for financial assistance.
2. The applicant must reside in one of the eleven counties that *A Bounce Forward* provides assistance:  
Adams, Cumberland, Dauphin, Juniata, Lancaster, Lebanon, Northumberland, Perry, Schuylkill, Snyder and York.
3. The applicant must be a U. S. citizen.

Please be aware:

1. You will not be discriminated against or denied aid because of your race, religion, color, national origin, sex, or political affiliation.
2. If approved for assistance, funds are paid directly to the vendor/service provider. We will not pay any funds directly to you.
3. We provide temporary assistance for specific needs related to our mission and pillars. Please review the [About ABF page](#) on our website and be prepared to identify how your need aligns with our mission.
4. All sections of the application must be complete and accurate in order for *A Bounce Forward* to review the request. Failure to provide complete and truthful information is basis for denial.

Completed applications and any attachments can be mailed to:

***A Bounce Forward***

5600 Plainview Drive, Harrisburg, PA 17111

Phone: 717-558-8075

If your needs are particularly emergent, please call us (717-558-8075) to let us know your application is waiting.

Thank you in advance for your application.

***A Bounce Forward***

[www.ABounceForward.org](http://www.ABounceForward.org)

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*\*Denotes required item*

**\*Date Form Completed:** \_\_\_\_\_

**\*How did you hear about us?** \_\_\_\_\_

**\*Applicant's Name**

**First:** \_\_\_\_\_      **Last:** \_\_\_\_\_

**\*Mailing Address: Street:** \_\_\_\_\_

**Add'l Info:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_      **Zip:** \_\_\_\_\_

**\*Best Phone Number to reach you:**      **Additional Contact Number**

\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_

**\*Email Address:** \_\_\_\_\_@\_\_\_\_\_

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**\*Purpose of Request: Briefly describe your current needs and why you are asking for assistance from A Bounce Forward. Please be as specific as possible about your needs. This helps us make the best decision.**

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**\*Briefly describe how these needs align with the mission and pillars of A Bounce Forward.**

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**\*Total Funding amount requested: \$** \_\_\_\_\_

**\*If we cannot provide the total amount requested above, is partial funding an option?** \_\_\_\_\_

**Approximate Date Needed:** \_\_\_\_\_

**\*One-time request or ongoing?**       **One time**       **Ongoing**

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**\*How long to you anticipate having these needs?**

1-3 months       3-6 months       6 mos-1 year       Beyond 1 year

**\*Payment will be required:**  One time       Monthly       Quarterly

**\*If you know specific amounts for specific needs, please detail here:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specific to the support you ask for, have you researched or accessed other sources of financial assistance? Please identify any other existing funding sources, past or present, including those you may be currently soliciting funding from:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If approved, funds will go directly to the vendor, service provider, or source of support, i.e., supplier, program, medical provider. Any invoices must have this information to be paid. We will contact this entity to verify amounts and need.**

**Please provide information for this source if you have it. Mark "unknown" if you don't have the information at this time. Feel free to add pages if you have additional payee information.**

**\*Payee Name or Company Name:** \_\_\_\_\_

**\*Payee Contact Name:** \_\_\_\_\_

**\*Payee Address:**      **Street:** \_\_\_\_\_

**Add'l:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_      **Zip:** \_\_\_\_\_

**\*Payee Phone Number** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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**Would you be willing to work with A Bounce Forward to create a fundraiser? This would directly benefit A Bounce Forward to assist with requests like yours...bouncing it forward to others!**

Yes    No    Maybe

**If approved for this funding from A Bounce Forward, would you be willing to provide us with testimonial information to share on our website or social media?**  Yes    No    Maybe

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## **A Bounce Forward Aid Application**

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**Please read the following and check the box before submitting. Be aware that A Bounce Forward is staffed by volunteers. It takes time to receive and review applications.**

I understand that A Bound Forward will vet the information in this application prior to dispersing any funding. This will take a minimum of two weeks.

By signing below, I declare that the statements made in this application and all accompanying materials are true and complete to the best of my knowledge and belief. I understand that in the event any information is found to be intentionally falsified, I will be disqualified from consideration for funds from *A Bounce Forward (ABF)*.

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**Signature of Applicant or Designee**

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**Date**