



# Horizons Emergency Fund Application

<b>Today's Date</b>					
<b>Parent/Guardian First Name</b>				<b>Parent/Guardian Last Name</b>	
<b>Address</b>					
<b>City</b>		<b>State</b>	CT	<b>Zip Code</b>	
<b>Cellphone Number</b>				<b>Home Number</b>	
<b>Email Address</b>					

<b>Horizons Student First Name</b>		<b>Horizons Student Last Name</b>	
<b>Horizons Student First Name</b>		<b>Horizons Student Last Name</b>	
<b>Horizons Student First Name</b>		<b>Horizons Student Last Name</b>	

<b>Details of the Emergency</b>	
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In the box below please describe the circumstances surrounding the need for assistance. If possible, please include with this application any documents supporting your need for assistance.

<b>What is the dollar amount needed to work through this emergency?</b>	
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<b>Other agencies/programs you are working with:</b>	
<b>Do you have homeowner's or renter's insurance?</b>	