

 dpwn Angel Foundation
Angel Application

Eligibility Guidelines

To be eligible for assistance from the DPWN Angel Foundation, you must meet the minimum following criteria:

1. Single mother of a dependent child or children.
2. US Citizen over 18 yrs. of age with no criminal record.
3. Referred by an active DPWN Member/Sponsor.
4. Not receiving Government Assistance of any kind.
5. Application must be submitted by applicant.

Print Name: _____ Date: _____

Address: _____

Best Phone: Cell Home _____ Can a message be left at this #? Yes No

Email Address: _____ DPWN Referring Member/Sponsor: _____

Dependents: _____ Ages/Names: _____

What is your current marital status? Married Single/Unmarried Legally Separated/Divorced

Reason for your request: _____

Have you applied for and are you currently receiving any kind of Government support? Yes No

If "Yes", please list: _____

If "No", please explain why? _____

Is there a Professional Resource or Service you are in need of? Yes No

If "Yes", please explain: _____

Please list any specific needs a financial grant would be used for:

Need amount: \$ _____ Payee/s Name: _____ Due date: _____

Financial Need Reason: _____

Need amount: \$ _____ Payee/s Name: _____ Due date: _____

Financial Need Reason: _____

What makes you a good candidate for Angel support?

What is your biggest challenge right now? _____

Under penalty of perjury, I certify that the information given by me in this application is true and correct. I understand and agree that any false information, intentional or negligent misrepresentation, or omission of facts in this application and in the application process may be justification for refusal of support, return of any funds to DPWN Angel Foundation, and potential civil liability including monetary damages. I acknowledge that a background check will be conducted by the DPWN Angel Foundation's Board of Directors and I agree to this provision. I further agree to provide proof to the DPWN Angel Foundation that any funds received are used for the designated purpose.

Signature: _____ Date: _____

Although the DPWN Angel Foundation would like to be able to provide support for every qualified woman who applies for our program, we know it is not possible at this time. We will however, do our best to support, encourage and make a positive impact in the lives of our "DPWN Angels in Need" and her family during their time with us. If you meet the minimum eligibility requirements and apply with us, we will start reviewing your application within 48 business hours of receipt and contact you within 20 days.

Return application to Support@DPWNAngels.org and include "Angel Application" in the email subject line.

(Please note: For confidentially reasons, this application must be submitted by applicant, not the Sponsor.)

Last Updated on July 13, 2016



Angel Application Referral Form

*(This page must be completed by the sponsoring DPWN Member
and should accompany the Angel Application)*

Sponsoring DPWN Member: _____

Chapter: _____ State: _____

Phone Number: _____

Email: _____

Name of Women in Need: _____

What is your relationship? _____

How long have you personally known? _____

Why do you think this applicant would be a good candidate for Angel Support?

Under penalty of perjury, I certify that the information given by me in this referral form is true and correct. I understand and agree that any false information, intentional or negligent misrepresentation, or omission of facts in this referral form may be justification for refusal of support, return of any funds to DPWN Angel Foundation, and potential civil liability including monetary damages.

Sponsor Signature: _____ Date: _____

Return Referral Form to Support@DPWNAngels.org and include "Angel Application" in the email subject line.

(Please note: For confidentiality reasons, the Angel Application must be submitted by applicant, but this page can be submitted by either the sponsoring DPWN Member or the Angel Applicant.)