

Personal Information		
Full Name		
Address	City	
Zip Code Email Address	Dhana #	
	Phone #	
Information on the Deceased		
Name of the Deceased		
Date of Birth		
Date of Passing		
Cause of Death		
Occupation		
Socio Economic Status (low, middle, high)		
How did the deceased provide for child/children prior to his/her passing?		
Was the deceased actively involved in the child/children's life?		
Briefly describe how the death affected the child/children?		

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## Demographics of the Child/Children

Child's Name			
Date of Birth			
Relationship to the			
Deceased			
Age of child when			
the deceased			
passed			
Condor			
Gender			
Race/Ethnicity			
Primary Language			
		· · ·	
Any special needs			
Academic Status of the Child/Children			

# Child's Name Primary or High School Amount of Tuition Grade (if applicable) Year of Graduation College (if applicable) Major Amount of Tuition Year of Graduation Do you expect the child to continue their education? Yes/No

Fraternity/Sorority		
(if applicable)		
Dues		

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# **Program Interests:**

Please check the programs or services you are interested in:

	Funeral Expense Assistance
	Educational Support
	Emotional Support
	Resource Referrals
	Financial Aid and Planning
	Social Security Services
	Extracurricular Activities Support
	Farm to Table Program Support
	Floral Cultivating and Wellness Program
	Meal Plan and Collaboration with Local Nonprofits and Restaurants
	Utility Service Support
	16 <sup>th</sup> Birthday Milestone Program
	Youth Philanthropy Leaders Program
	Paid Internship Program
	Research and Development Program
Please	provide any supporting documents related to your program of interests:
	Supporting Documents (e.g., death certificate, education enrollment, etc.)

Other:

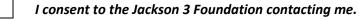
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### How Can We Further Assist You?

Please describe how Jackson 3 Foundation can further assist you and your family or the individual you are representing. Are there specific needs or support services you are seeking aside from the above?

By checking the boxes above and submitting this form, you acknowledge that the Jackson 3 Foundation may contact you to discuss your needs and provide support.



I hereby declare that the information provided on this form is true and accurate to the best of my knowledge.

Applicants' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Submission Instructions:

Please submit this completed intake form and all required documents to the Chief Development Officer. If you have any questions or need assistance with the application process, please contact us at <a href="mailto:admin@jackson3foundation.com">admin@jackson3foundation.com</a> or visit our website <a href="mailto:www.jackson3foundation.com">www.jackson3foundation.com</a>.

Thank you for completing the J3F Intake Form. Our team will review your information and contact you shortly to discuss how we can best support you and your family during this time of need.

<u>For J3F to complete</u>					
Received via:	Email	Mail			
Acknowledgement By signing below, I the date mentioned	acknowledge that the speci	fied documents/forms have been received from the individual on			
Signature		Date			
Note/Comments:					