

**First Unitarian Universalist Church of Columbus  
Fund for Immigration Legal Assistance (FUU-FILA)**

**Application for Assistance**

Date: \_\_\_\_\_

**Applicant Information (Information you provide will remain confidential and will not be shared):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I am:  DACA age group;  Parent of minor child/children;  Minor person (under 21)

**Statement of Need:**

Amount of Financial Assistance requested: \_\_\_\_\_

Reason for Need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Duration of Need:**

One-time  Ongoing

For how long do you need assistance? \_\_\_\_\_

Timing of need: \_\_\_\_\_

**Payment:**

Make check payable to:  Applicant  
 Third Party

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purpose:  Asylum Application  Bond  
 Legal Consultation  Other: \_\_\_\_\_  
 DACA Fees

**Other:**

You may use this space to share anything else you would like us to know as we consider your application. This could include: length of time in the U.S., family members, asylum seeking, or any other information you feel could be helpful. You may attach additional pages, if desired.

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\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_