

**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: _____

Mail to:
Jan Phillips, FILA Administrator
First Unitarian Universalist Church
93 W. Weisheimer Road
Columbus, OH 43214
Or Email to: FILA@firstuucolumbus.org

