Application for Assistance

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

Date: _____

Applicant Information:
(Information you provide will remain confidential and will not be shared)
Name (Required): _____
Address (Optional): _____
_____
Cell Number (Required): _____
Email (Optional): _____
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? _____

When are funds needed? _____

Payment:

Make check payable to:

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Purpose:

[ ] Asylum Application

[ ] Legal Consultation

[ ] DACA Fees

[ ] Immigration-related medical expenses

[ ] Bond

[ ] Other: _____

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 names, asylum seeking, or any other information you feel could be helpful. You may attach additional pages, if desired.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____

Date: _____