



# ***Cranberry CUP Beneficiary Application***

The purpose of the Cranberry CUP (Cranberry Community Uniting People) is to conduct organized events whereas all facets of the community contribute to raising money for a worthy cause. The organization promotes volunteerism, community spirit and goodwill towards a person or family in need.

*If you are nominating another individual or family, please provide the following information:*

Name \_\_\_\_\_ Phone/Email \_\_\_\_\_ Relationship to Nominee \_\_\_\_\_

Would you like your nomination to remain confidential? Yes \_\_\_\_\_ No, it's OK to share my name with the nominee \_\_\_\_\_

**Name of Nominee** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **How did you hear about the CUP?** \_\_\_\_\_

**Names of head(s) of household** (*birthdates & SSN, if available – but will be collected with financial document*)

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**Additional Household Members and ages**

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**Include a description of the medical or hardship history. Please explain how the prospective beneficiary might benefit through assistance from the Cranberry CUP. (use additional attachments if necessary)**

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Use this space for additional comments regarding hardship.

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Please describe how funds would be used \_\_\_\_\_

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Is the nominee currently receiving any form of public assistance? If yes, please explain

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Is (or has) the nominee received financial assistance from any other group, organization or fundraising event? If yes, please explain

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I, \_\_\_\_\_, verify that the above information is true and accurate.  
(print name)

*Self nominations only: By signing this application, I give the Cranberry CUP Board authorization to verify my credit report, criminal history and financial status through documents which include, but are not limited to, tax returns, medical records, W2s, pay stubs, bank statements, utility bills, etc.*

*By signing this application, I understand that the Cranberry CUP is a private, non-profit organization that provides financial assistance to families residing within the Seneca Valley School District who are experiencing extreme financial distress due to medical issues. If and when the board requires further information pertaining to this application, the nominee will be contacted. Filling out this application does not guarantee assistance from the CUP.*

Signature \_\_\_\_\_ Date \_\_\_\_\_