



Coronavirus COVID-19 Relief Application

To apply for COVID-19 Relief assistance, please fill out the form below.

Full Name: _____ Nest No. (If unknown, enter 0.): _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Time to Call (if we need additional information): _____ Morning _____ Afternoon _____ Evening

Please describe your situation as it applies to the Eligibility Requirements for the Program.

IMPORTANT! You must provide documentation to confirm your eligibility for this program. **Documentation must be provided within 7 days of submitting this application.** Please send documentation (i.e. doctor letter, unemployment claim, etc.) by email to cpuskar@polishfalcons.org. **If documentation is not received within 7 days, you will need to reapply for consideration.**