

Neighbors Helping Neighbors

The Cormac Finn McCarty Foundation



Name: _____

Address: _____

Phone: _____

Email: _____

Average monthly income: _____

Average monthly expenses: _____

Please provide a copy of your latest W-2

Have you ever received funds from the CFM Foundation? _____

Recommended by Wellness Connection Therapist: _____

Please write a brief paragraph explaining why you want to be a recipient of the CFM Foundation scholarship:
