

*ESL* Eatonton Service League, Inc.  
Post Office Box 3473  
Eatonton, Georgia 31024

### REQUEST FOR BENEFICIARY

The following form is to be filled out by an individual, company, family, teacher, etc. that is requesting monies for a need for themselves or another person in our community. The beneficiary of these funds must live and/or go to school in Putnam County, Georgia. All requests will be reviewed by the Eatonton Service League, Inc.'s Board of Directors and evaluated. **PLEASE NOTE THAT FILLING OUT AN APPLICATION DOES NOT GUARANTEE BENEFITS WILL BE RECEIVED.** The Eatonton Service League, Inc. has the right to evaluate and rank applications based on needs and circumstances. The Eatonton Service League, Inc. reserves the right to request more information to decide. Please allow 1-2 weeks for a decision. Beneficiaries will be notified when a decision is made. Payments will not be made to applicant or beneficiary, as ESL will only make payments to the entity owed.

All applications are kept on file for the operating year of The Eatonton Service League, Inc. (the months from August-May) for review. If the requests are not met during those months, applicants can reapply at the beginning of our fiscal year (which is August of the following year). Applicants cannot be served more than once in a two-year period. Thank you!

**Please include with application:**

\*Proof of Putnam County residency

\*Copy of the bill that assistance is being requested for (MUST BE IN BENEFICIARY'S NAME)

\*Documentation that clarifies the emergency

**Name of Applicant:** \_\_\_\_\_

**Contact Information :** Cell \_\_\_\_\_ Work \_\_\_\_\_

Home: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Beneficiary in need:** \_\_\_\_\_

**Employment of Beneficiary that is in need:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Contact Information :** Cell \_\_\_\_\_ Work \_\_\_\_\_

Home: \_\_\_\_\_ Email: \_\_\_\_\_

**When ESL contacts, will an interpreter be needed:** Yes No

**\*\*\*\*APPLICATIONS WILL ONLY BE ACCEPTED IN ONE OF THE FOLLOWING WAYS\*\*\*\***

**1. Mail to: Eatonton Service League, Inc., PO Box 3473, Eatonton, Ga 31024**

**2. Email to: esl31024@yahoo.com**

Please describe/explain emergency and (in as much detail as needed to understand the need) why funds are being requested.

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**For ESL use only:** Date of approval: \_\_\_\_\_ Amount approved: \_\_\_\_\_

Funds paid to: \_\_\_\_\_

*ESL* **Eatonton Service League, Inc.**  
**Post Office Box 3473**  
**Eatonton, Georgia 31024**

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**For ESL use only:** Date of approval: \_\_\_\_\_ Amount approved: \_\_\_\_\_  
Funds paid to: \_\_\_\_\_

Revised April 2024