

Berkshire Taconic Community Foundation

The New World Fund of the Berkshires

Guide Lines and Application Form

Page 1 of 2

Purpose

The New World Fund was established to give support and encouragement to recent immigrants to the Berkshires (and to programs designed to help them) through small grants usually in the \$100 to \$500 range that will ease the transition into their new lives.

Eligibility

Individuals may seek grants for immediate and basic needs, such as buying winter clothes, having their teeth fixed, getting snow tires for their cars, making a deposit on rental housing or buying books for college.

Nonprofit organizations or public agencies may apply for grants to support programs serving this population.

Review Process

An advisory board will review the applications and award grants based on the applicant's need and the appropriateness of the request. The board will meet several times a year, as applications are received, and will try to respond within eight weeks.

History

The New World Fund was established in memory of Gerald Dickler, father of the founder, whose immigrant parents struggled most of their lives to provide for their children's welfare and education. The fund will operate with out prejudice and with their principals of selflessness in mind.

APPLICATION FOR A GRANT BY AN INDIVIDUAL:

APPLICANT'S NAME: _____ DATE: _____
Nombre

MAILING ADDRESS: _____
Dirección

TELEPHONE: _____ NATIONALITY: _____
Número de telefono

HOW LONG IN THE US?: _____ IN THE BERKSHIRES?: _____
Fecha de llegada en los Estados Unidos

JOB (If Any): _____ SCHOOL (If Any): _____
Empleo (si lo tiene)

Berkshire Taconic Community Foundation

800 NORTH MAIN STREET, PO BOX 400, SHEFFIELD, MA 01257-0400

T: 413.229.0370 F: 413.229.0329 programs@berkshiretaconic.org www.berkshiretaconic.org

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Page 2 of 2

SPOUSE'S NAME: _____ JOB/SCHOOL _____
Nombre de Esposo

YOUR INCOME: _____ SPOUSE'S INCOME: _____
Ingresos Ingresos de esposo

CHILDREN'S NAMES & AGES : _____
Nombres y edades de hijos

OTHER FAMILY IN HOUSEHOLD: _____

AMOUNT REQUESTED: _____ REFERRED BY: _____
Cuanto dinero necesita?

PURPOSE FOR WHICH GRANT IS NEEDED: (Continue on Other Side)

Para que necesita el dinero?

HARDSHIPS (Such as Illness, Disability, Financial Obligations:

Dificultades (por ejemplo, enfermedad, obligaciones financieras)

REFERENCES (Employer, Teacher, Social Worker, Other--Please Give at Least One):

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

This is an application for a grant, which does not have to be repaid. The New World Fund will try to respond to your request within eight weeks. If you need help filling out this form or have any questions about the Fund, please call 413.229.0370.

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