



TOWN OF GOSHEN

42A NORTH STREET – GOSHEN, CT 06756
PHONE 860 491-2308 FAX 860 491-6028

Dear Resident of Goshen:

As many of you know, The Caroline T. Brooks Fund was established under the Will of Alice L. Carlisle, who was a resident of the Town of Goshen. The purpose of the Fund is “to provide proper medical attention for children under the age of 18 of said Town of Goshen who have need of such medical attention (particularly for their eyes, ears, noses, throats and teeth) and whose parents or guardians are unable to afford such care and treatment.”

Bank of America is the Trustee of the fund. A trust officer from the Bank, together with the First Selectman and the minister of the Goshen Congregational Church compose the committee which approves distribution of the funds.

The Brooks Fund guidelines are enclosed for your information. Should you have any questions, please direct them to the U.S. Trust, Bank of America Private Wealth Management, c/o Julia E. Campmany, Philanthropic Administrator, NY8-114-10-04, 114 W. 47th Street, New York, NY 10036, (646) 855-1674.

Lineal descendants (children, grandchildren, great-grandchildren) of the Brooks Fund Committee members are ineligible to apply to the Brooks Fund for awards. Spouses of ineligible persons are also ineligible.

We thank you in advance for your cooperation.

Sincerely,

First Selectman

The Caroline T. Brooks Fund

The Caroline T. Brooks Fund was established under the Will of Alice L. Carlisle, who was a resident of the Town of Goshen. The purpose of the Fund is to provide medical care for children under the age of 18 (minor's) of the Town of Goshen (particularly for their eyes, ears, noses, throats and teeth), **whose parents or guardians are unable to afford such care and treatment.**

Parents or guardians who have been residents of the Town of Goshen for at least twelve months may complete an application for any child under the age of 18 who is a Goshen resident.

Applications are available at the First Selectman's office, Town of Goshen, and at The Goshen Congregational Church.

Applications will be considered by a committee consisting of the First Selectman of the Town of Goshen, the minister of The Goshen Congregational Church and a Trust Officer of Bank of America as provided under the terms of the Will.

Primary consideration will be given to parents who meet the criteria established in the trust of being unable to afford medical care and treatment. Need will be determined in accordance with established federal and state assistance guidelines. The committee will consider only those applications which have been reviewed and deemed to meet these guidelines. The committee will, however, give special consideration based on family hardship. Applications are accepted on a rolling basis. The committee generally meets every other month or as needed. Applicants will receive a confirmation upon receipt of their application and final notification is generally made within 2 months.

PLEASE NOTE: Funds are distributed through Bank of America. **Payment will be made directly to licensed providers of medical, dental, vision or hearing services. No funds will be paid to individuals. All applications must include an invoice for services rendered or a written explanation of proposed services to be provided from the attending doctor or medical facility.** Under no circumstances will funds be advanced without this documentation. Lineal descendants (children, grandchildren, great-grandchildren) of the Brooks Fund Committee members or representatives of Bank of America, in its capacity as Trustee, are ineligible to apply to the Brooks Fund for awards. Spouses of ineligible persons are also ineligible.

REQUIRED DOCUMENTATION:

1. Completed Application and Financial Information

Please submit one application per request. Applications must include either an invoice for services rendered or a complete explanation of proposed medical treatment from the physician or medical facility where treatment is to be provided. Incomplete applications will not be considered. Only one copy of the financial information need accompany more than one request from the same family.

2. Copy of the first two pages of the most recent Federal Tax Return; **including Schedule C if self-employed.**

3. Copy of last two weekly earnings statements.

Please send applications to: Julia E. Campmany
Philanthropic Administrator
US Trust, Bank of America Private Wealth Management
114 W. 47th Street
New York, NY 10036
NY8-114-10-04

Julia_Campmany@ustrust.com

FINANCIAL INFORMATION FOR APPLICANTS
of the Caroline T. Brooks Fund

Applicant Information

Applicant: _____
Address: _____
Phone/Email: _____

Employment

Applicant: _____ Spouse: _____
Phone: _____ Phone: _____
Number of Children: _____

Name	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any other dependents: _____

Financial - Monthly Income

Gross Income (Applicant) _____ **Net** Income (Applicant) _____
Gross Income (Spouse) _____ **Net** Income (Spouse) _____

List all other sources of net monthly income: _____

Total Net Monthly Income: _____

Special Circumstances: Explain here and attach sheet if necessary.

Total Assets/Liailities

Bank Accounts Name:	Balances:	Value:
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL INFORMATION FOR APPLICANTS
of the Caroline T. Brooks Fund

*use back of form for further information if necessary.

Real Estate Value:	_____	Mortgage Balance:	_____
Other Real Estate:	_____	Equity Line:	_____
Auto(s):	_____	Auto Loan Balance:	_____
Personal Property:	_____	Credit Card Balance:	_____
Life Insurance:	_____	Other Loans:	_____
cash value:	_____		_____
Other Assets:	_____		_____
Total Assets:	_____	Total Liabilities:	_____

Monthly Expenses

Mortgage/Rent:	_____	Mortgage Balance:	_____
Taxes:	_____	Equity Line:	_____
Insurance House/Car:	_____	Auto Loan Balance:	_____
Car Payment(s):	_____	Credit Card Balance:	_____
Other Loan Payment(s):	_____	Other Loans:	_____
Credit Card Payment(s):	_____		_____
Food:	_____		_____
Clothing:	_____	Total Liabilities:	_____
Gas for Car (not on credit)	_____		_____

I certify that the above information is correct and accurate to the best of my knowledge. I further authorize the First Selectman of the Town of Goshen the right to verify the above information. I have enclosed pages 1&2 of my latest Federal Tax Return (schedule C required if self-employed).

Applicant Signature

Email address (for questions)