

**TOMMY WELLS FOUNDATION (TWF)
APPLICATION FOR FUNDS**

[To be completed by the director or other responsible official, and emailed to: TheTommyWellsFoundation@gmail.com]

The TWF is committed to supporting youths (4-18 years old) who need financial assistance in order to experience the joy of learning and playing hockey or music. We expect that funds will be requested for youths whom you think will best benefit from this support. If funded, you will be asked within 12 months of funding to confirm funds were used as intended.

Name of Organization: _____

Director Name: _____

Phone: _____ Email: _____

Organization Website URL, if any: _____

List the program(s) in which youths for whom funds are requested will participate (e.g., youth hockey; music camp):

Contact Information for Person Submitting Funding Request, if different from person above:

Name: _____ Title: _____

Phone: _____ Email: _____

Please provide the information below for each youth for whom support is requested. Add rows/pages as needed.

Youth	Amount requested (\$500/youth limit)	Date by which funds needed	Brief justification for funding request (i.e., why funds are needed to help this youth participate in your program)
1			
2			
3			

TOTAL Amount Requested: _____ Date Application Submitted: _____

Name of Person Submitting Application:

Print

Signature

If Approved, check should be:

Made payable to: _____

Mailed to: _____

<i>TWF Board Only:</i>	
Award Status:	_____ Awarded _____ Denied _____ Pending/Provisional
Notes:	_____
Amount Approved: \$ _____	Date of Award: _____ TWF Board Member Signature: _____
	mm/dd/yy