



**REQUESTOR**

Name of Organization: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Tax Status: \_\_\_\_\_ Tax ID: \_\_\_\_\_

**AMOUNT**

Amount required for your organization, project, event, or need: \_\_\_\_\_

Amount requested from the Thomas Scott Foundation: \_\_\_\_\_

\_\_\_\_\_

**PURPOSE**

Please classify the nature of your organization, project, event, or need:

- Youth       Arts & Culture       Environment
- Education     Health & Fitness     Civic
- Other

Explain: \_\_\_\_\_

**DETAILS**

What is the primary focus, function, or mission of your organization? \_\_\_\_\_

\_\_\_\_\_

How will the donated funds or resources be utilized?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will your organization, project, event, or need benefit the community? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide further background information such as dates, unique aspects of your organization or event (please feel free to attach other supportive documentation)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_