

TV TROJAN FOUNDATION-TVSTRONG GRANT

(NAME OF FAMILY) (CONTACT PERSON)

(ADDRESS, CITY, STATE, ZIP)

(PHONE NUMBER) (EMAIL OF CONTACT PERSON)

A REQUEST FOR A GRANT IN THE AMOUNT OF \$ _____ IS MADE FOR THE FOLLOWING PURPOSE:

- Medical Expenses**
- Long Term Care Supports**
- Mental Health Treatment**
- Scholarship Funds**

(Please explain the need)

- Please pay my bills directly**
- Please reimburse us directly**

MAIL TO: TVSTRONG
PO BOX 422
ZOAR, OHIO 44697

(SEE GRANT APPLICATION GUIDELINES FOR FURTHER INSTRUCTIONS)

(NAME OF ACCEPTEE)

DATE: _____

GRANT APPLICATION GUIDELINES

SUBMIT ORIGINAL APPLICATION PACKET TO THE PO BOX LISTED.

APPLICATION PACKET SEQUENCE:

- 1.) Grant application -complete with signature
- 2.) Bills and/or receipts (after all sources of insurance have been billed).
- 3.) List any other funds you have received pertaining to this need. Please provide the name of the granting organization, date, amount received.
- 4.) Make copies of the information requested above and include them with the application. Mail to the PO BOX stated on application.

THE TV TROJAN FOUNDATION-TVSTRONG ONLY AWARDS TO FAMILIES OF THE TUSCARAWAS VALLEY SCHOOL DISTRICT.

A.) The Trojan Foundation board reserves the right to deliberate and approve or deny all grant applications.

B.) The use of personal financial information and records is to be used in grant distribution only, and not disclosed unless a government entity requires it to do so.

C.) We aim to protect personal information with as much privacy as possible, however as a 501 C-3 we must comply with certain government entities.