

# MID-YEAR RETURNING APPLICANTS ONLY

Today's Date \_\_\_\_\_

## SPECIAL FUNDING REQUEST

### HAVE QUESTIONS OR NEED ASSISTANCE WITH YOUR APPLICATION?

Please call 209-403-5654 or email us at Director@MaryGrahamFoundation.org

#### PERSONAL INFORMATION

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security Number \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
(DD/MM/YYYY)

ADDRESS: Street/PO Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_  
(Area Code + Number)

#### REQUEST DETAILS

AMOUNT REQUESTED \_\_\_\_\_ NEEDED NO LATER THAN \_\_\_\_\_

PURPOSE FOR REQUEST *(Be specific eg. What is needed? Why are additional funds needed? Who should payment be made out to?)*

WHAT EFFORTS ARE BEING MADE TO RESOLVE OR ASSIST YOUR NEED BEFORE ASKING THE FOUNDATION?

ADDITIONAL COMMENTS:

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(If emailing - please type your name on both lines.)*

#### FOR INTERNAL USE. NOT TO BE FILLED OUT BY STUDENT.

Request Approved by Foundation

Request Denied by Foundation

Amount Approved \$ \_\_\_\_\_ Date \_\_\_\_\_ Payable To \_\_\_\_\_

Reason for Denial \_\_\_\_\_

