

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 _____

