



Grant Application

Grant No: _____

Name: _____			
Address: _____			
Date of Employment: _____	Department: _____		
Full-time: <input type="checkbox"/>	Part-time: <input type="checkbox"/>	Seasonal: <input type="checkbox"/>	No. of Seasons: _____
Contact Information:	Phone: _____	Email: _____	
Have you made a previous grant request within the previous year (52 weeks)? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
If yes, please state the date, purpose, and whether it was approved or denied: _____			
Please give a summary of:			
• The amount of money being requested: \$ _____			
• The financial need you are experiencing: _____ _____			
• Date you incurred the financial obligation and were unable to make payment: _____			
• Reason for the grant request: _____ _____			
Name and address to whom payment should be made: _____ _____			
Note: Tall Trees Foundation's strong preference is to make payments directly to the vendor or medical provider. Alternative payments will be reviewed on a case-by-case basis as long as it complies with the Foundation's policies and applicable laws and regulations. You must provide pertinent documentation such as invoices, receipts, quotes, etc. with this application.			
Other sources of financial assistance you have, if any, to meet this financial obligation: _____			
(Optional) Please provide additional information about the money needed/owed and the problems it is creating for you to more fully explain the reason for this grant request. You may also want to explain why other sources were inadequate for your needs (you may attach a separate sheet if needed): _____ _____			

I solemnly affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I am voluntarily submitting this application and all information contained or attached is voluntarily provided in support of my grant application. I fully understand the information disclosed will be used for the sole purpose of reviewing and acting on my grant request and that the Tall Trees Foundation will maintain the information solely for use in acting on my application and to comply with its legal and reporting requirements.

Employee Signature: _____ Date: _____