



2011
Fight for Mike Grant Application

1. PERSONAL DATA:

Full Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ Telephone No: _____
E-mail Address: _____

2. PROOF OF IDENTIFICATION:

DL# _____

Must be included or application will be denied. Please attach a copy of ID.

3. CAUSE FOR WHICH FUNDS ARE REQUESTED:

4. RESIDENT OF NJ (Years): _____

5. ANNUAL INCOME: \$ _____

6. PLEASE ATTACH A LIST OF OTHER GRANTS/CORPORATE DONATIONS PENDING OR RECEIVED IN LAST 24 MONTHS.

(Include name, amount received or pledged and year received)

7. PLEASE ATTACH PROOF OF DISABILITY: _____

8. PURPOSE OF REQUEST (Brief explanation **must** be provided in this space but you may also attach longer description)

9. AMOUNT OF REQUEST _____

(Requests over \$1,000 must include Income Tax Return for the past 3 years)

Parent/Guardian Signature

Date



For Foundation Use Only:

Date Received _____ Disability Verified ____/____/____ by _____

Entered into Gifts _____ Application Complete _____ Progress Report on File _____

Address/Contact Information Updated in Gifts _____

Acknowledgement on File _____ Disposition Date _____

Decline Letter Sent _____ Check # _____ Acceptance Letter Sent _____

Family Visit _____

**49 Orient Way
Rutherford, NJ 07070
Telephone: 201-218-4155**

01/01/2011