

Make a Difference Fishing Tournament Grant Application

Deadline to receive application: May 1 or November 1

Applicant's Name: _____ Date of Birth: _____

Applicants Diagnosis: _____

Parents/ Guardian Name: _____ Day Phone: _____

Address: _____ Evening/Cell: _____

Does the applicant attend a Make a Difference Fishing Tournament: YES NO

Specific item applying for (must submit price information, catalog, price quote, etc.) **If Section is incomplete the application will not be processed:**

Item Requesting: _____

Size (if applicable): _____ Total Cost Including Shipping: _____

Vendor Information: _____

Total Family Income: _____ Circle one: Yearly Monthly Bi-Weekly Weekly

(Total income must be reported before taxes, social security, health benefits, union dues, or other deduction made)

How many living in your household? _____

I understand I will be required to provide proof of the above information (e.g., pay check stub, tax statement). I, undersigned, certify the above information is accurate and true. Misrepresentation will void the grant.

(Signature of Parent, Guardian, or Custodian)

(Date)

For additional information, please contact Dawn Lewellyn at dawnlewellyn@gmail.com or Tom Schaffer at tschaffe@tampabay.rr.com. You may also check our website at www.makeadifferencefishing.org

*****For Office Use Only*****

Completed application received: _____ Copy of free or reduced lunch certificate: _____

Application Approved: Yes No Amount: _____ Award Completed: _____

(Signature of Make a Difference Board Member)

(Date)



Make a Difference Fishing Tournament Grant Program

The Make a Difference Fishing Tournament organization is committed to making a difference in the community for children with disabilities. All applications completed will be considered. To be given due consideration for assistance, applicants need to meet the following guidelines.

Grant Guideline/Eligibility:

- Applicant must be the age of 18 or younger and have a disability

The following supporting documents must accompany applications for them to be considered; incomplete applications will be declined.

- Proof of family income in the form of a recent check stub, W-2 form or other official payroll document. You may also submit proof of qualification for school system free/reduced lunch program, welfare, SSI or similar programs.
- Two professional reference letters (teacher, therapist, physician, social worker)
- Documents showing the item(s) being requested, a price quote (including shipping) for the item(s) and vendor information from where the item(s) will be purchased.

Grants are limited! Grant Application deadlines are May 1 and November 1. Applications received after deadlines will be considered for the following grant cycle.

For additional information contact:

Dawn Lewellyn at dawnlewellyn@gmail.com

Tom Schaffer at tschaffe@tampabay.rr.com

Website: www.makeadifferencefishing.org

Telephone: 727-449-9820 extension 4

Completed applications may be mailed to:

Make a Difference Fishing Tournament Grant Program

P.O. Box 16535

Clearwater, Fl. 33766

No electronic or incomplete applications will be accepted.