



Confidential Grant Request Form
Incomplete applications will not be accepted

1. Applicant Name: _____
2. Mailing Address: _____
3. Best phone contacts: _____
4. Email: _____
5. Person(s) authorized to speak on Applicant's behalf: _____
Phone: _____ Email: _____
6. Photocopy of SCSO ID (attach)
7. Supervisor name and contact number:
Name _____ Phone _____
8. Names of Household Members and ages:
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
9. Explanation of need, and circumstances that have lead to this need *(may provide via an attached page and invoice copies)*:

Signature of Applicant's Attending Physician _____ Date _____

Printed Name

It is understood and agreed to that Applicant may provide certain confidential information to process this grant request. This information will be disclosed only to members of the Foundation(s) processing the grant request.

Applicant: _____ Date _____
Signature

Printed Name

Application submitted by: _____ Date _____
Sheriff's Office