

REQUEST FOR FUNDING ASSISTANCE

EHFAR – 501(c)(3) Youth Support Fund Supporting the Dolly Parton Imagination Library & Local Youth Needs (Ages 5–18)

SECTION 1: Applicant Information

Child's Name: _____ Age: _____

Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Email: _____

SECTION 2: Type of Assistance Requested

(Select all that apply)

Dolly Parton Imagination Library Enrollment

School Fees

Graduation Items

Prom Items

Senior Pictures

Field Trip Costs

Clothing/Shoes for School

Other (please describe): _____

SECTION 3: Description of Need

Please explain what funds are being requested and why assistance is needed. (Attach additional pages if necessary.)

SECTION 4: Amount Requested

Total Amount Requested: \$_____

If applicable, attach:

- Invoice
- Estimate
- Receipt
- Vendor information

SECTION 5: Preferred Method of Payment

(We do not issue cash payments.)

Pay vendor directly

Reimburse parent/guardian (receipt required)

Provide item(s) directly

Vendor Name (if applicable): _____

Vendor Phone/Email: _____

SECTION 6: Certification

I certify that the information provided is true and accurate. I understand that submission of this form does not guarantee approval and that funds are limited and awarded based on need and availability.

Parent/Guardian Signature: _____ Date: _____

SECTION 7: For Organization Use Only

Date Received: _____

Approved: Yes No

Amount Approved: \$ _____

Approved By: _____

Notes: