

# The Darryl Worley Foundation, Inc.

325 Main Street

Savannah, TN 38372

Telephone: (731) 926-2667

Toll Free: (866) 484-3877



## Individual Grant Application

Name of Individual Applying for Grant \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name of Person Making Application \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Title \_\_\_\_\_

Name of Minister, Doctor or Community Leader Reference \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Attach Purpose of Grant: on Back, single-spaced, typed or printed.

1. Event or Condition with Pictures
2. Time critical
3. Benefits to individual
4. Long Term Benefit
5. Personal Financial Statement must be completed and attached with grant application
6. Other Financial help

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

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**The Darryl Worley Foundation, Inc.**

Grant Request: \$ \_\_\_\_\_

Projected Total: \$ \_\_\_\_\_

Note: It is our procedure to pay grants to a certified third party such as Hardin County Ministerial Association. Grants are normally a one-time event. Upon award of grant, Name of Grantee and appropriate description may be released to media or other public use for foundation.

Other attachments to include:

Copy of last year's tax return and Personal Finance Statement if applicable

Other pertinent information you think would be hopeful to the Benevolent Committee

Release to approach government agencies, medical institutions or credit bureaus for verification of grant request

Signature \_\_\_\_\_ Date \_\_\_\_\_