



"Family, Friends & Community coming together as ONE Serving the Entire Local Community"

APPLICANT NOMINATION FORM

Today's Date: _____

Name of Person Applying: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: _____ Best time/place to call: _____

Name of family being nominated: _____

Family member contact: _____ Home Phone: _____

(Must be immediate family member-parent/spouse, legal guardian)

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Cell Phone: _____ Best time/place to call: _____

Reason that you are nominating this family: _____

How do you think we can best serve this family? _____

Is anyone hosting a fundraiser for them and/or is there a GoFundMe type of account set up? If so, please provide any details, website, social media links you are aware of _____

Is there anything else that you feel we need to be aware of? _____

I hereby certify that the responses and information provided in this application are true and accurate to the best of my knowledge. I understand any omission or misstatement can result in the forfeiture of this foundation's assistance.

_____ Date: _____

(Nominating Person signature)

Smithtown Children's Foundation, PO BOX 799, Nesconset, NY 11767

www.smithtownchildrensfoundation.com

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