

Castle Cares Foundation

APPLICATION FOR 'MAKE A WISH'

APPLICANT INFORMATION

Name: _____ Marital Status: _____

Address:

Telephone: _____ Email Address: _____

RESIDENT'S INFORMATION

Name: _____ Marital Status: _____

Address:

Telephone(s): _____

DETAILS OF WISH

Please explain why you are seeking this 'Make a Wish' grant.

COST

Please explain the total cost of the 'Wish' and how much you are seeking from this grant.

ATTESTATION

I hereby acknowledge that the above information is true, accurate, and complete to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____



APPLICATION REVIEWED

Approved for: _____ Date: _____

Disapproved for: _____ Date: _____

Reviewed By

Board Member

Board Member