## TYRONE S. WOODS WRESTLING FOUNDATION PO Box 297 Oregon City, OR 97045

501(c)(3) Charity Organization EIN: 37-1794400

www.tswwf.org info@TSWWF.org

Contact: Coach Doug Samarron, 503. 502.7114 Email: <a href="mailto:dlsamarron@gmail.com">dlsamarron@gmail.com</a>

## 2023-2024 Financial Assistance Request Form (FARF)

TSWWF is a nonprofit 501(c)(3) organization that was formed in 2015 to maintain the legacy of US Navy SEAL Tyrone Snowden Woods as an American Hero and a 1989 OSAA champion wrestler. Funds are awarded based on need and our available resources. Aid is not based on achievements of the wrestler. If this is an individual request, please be specific as to why you are requesting assistance, what your wrestling goals are, and how this aid will help you achieve those goals. Upon approval and disbursement of a donation for a group or individual(s), you or your program will be required to provide a receipt to TSWWF with a signature verifying receipt of the funds. Average processing time for your request is 2-3 weeks but can be sooner if the situation is time-sensitive. An incomplete form will result in a processing delay. All information provided to TSWWF is confidential and is never shared. PLEASE READ THE SUPPLEMENTAL GUIDE FOR FUNDING AND INITIAL WHERE REQUIRED THAT YOU HAVE READ THE FORM.

INDIV	<u>IDUAL</u>			Amount Reques	ted \$	
For:	Shoes/singlets	Pay-to-Play	Mat _	Training Camp	Transportation	
	Tourname	nt Participation Fed	es	Wrestling program st	art-up	
Last N	ame:			First Name:		
Physic	al Address:					
Street address			City, State, Zip			
Phone	e:(H	i)	_(cell) W	restler's Email		
Current Year in School GPA <u>high school _(Required)</u>						
Public school: Private school:						
	nding private school, a	_				
	e lives with ( ) both p					
Paren	t/Guardian #1					
Paren	t/Guardian#2					
	/Home Phone					
Email Address: Total Number of Persons in Household Total Household Annual Income: \$						
TOtal	Number of Fersons III i	10userioiu	10tai	nousenoiu Aminuai in	Come. \$	
ORGANIZATION REQUEST			Amount Requested \$			
For:	Wrestling shoes	Pay-to-Play	Fees	Meet Expenses (trav	el)Other (explain)	
Name	of Organization					
Addre	SS		City		State ZIP	
		First Name				
Title:		Email:	:		Phone:	

requesting assistance, what your wrestling goals $% \left( \frac{1}{2}\right) =\left( \frac{1}{2}\right) \left( $	are, and how this aid will help you achieve those goals. If se include an itemized list of all expenses for the wrestler			
ONLT:				
Dates of meet/tournament: Location: Airfare Car (gas): Hotel: Tournament/meet fee:				
Individual and organization requests require two responsible parties who have authority to repres	(2) authorizing signatures (ex: parent, coach) from sent the requestor.			
wrestlers is that of gratitude. A note of thanks	upporting excellence in youth wrestling but also ent. An important quality that we encourage in our written by the wrestler (not Mom or Dad) or by the way to develop great character and earn respect of others.			
Signature of Student-Athlete	Signature of Organization Director or Coach			
Printed Name of Student-Athlete	Printed Name of Athletic Director or Coach			
Signature of Athlete's Rep/Parent/Guardian	Signature of Athletic Director/Dept. Admin			
Printed Name of Athlete's Parent/Guardian	Printed Name of Athletic Director/Dept. Admin			
DATE:	DATE:			

PLEASE SUBMIT FORM IN .PDF OR .JPG FORMAT. THANK YOU!