

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: dlsamarron@gmail.com

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.

INDIVIDUAL

Amount Requested \$ \_\_\_\_\_

For: \_\_\_Shoes/singlets \_\_\_Pay-to-Play \_\_\_Mat \_\_\_Training Camp \_\_\_Transportation
\_\_\_\_\_Tournament Participation Fees \_\_\_Wrestling program start-up

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street address

City, State, Zip

Phone: \_\_\_\_\_(H) \_\_\_\_\_(cell) Wrestler's Email \_\_\_\_\_

Current Year in School \_\_\_\_\_ GPA high school (Required \_\_\_\_\_)

Elementary/MS academic effort if no GPA available: \_\_\_\_\_

Public school: \_\_\_\_\_ Private school: \_\_\_\_\_

If attending private school, annual tuition: \$ \_\_\_\_\_

Athlete lives with ( ) both parents ( ) mother ( ) father ( ) other

Parent/Guardian #1 \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

Work/Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Total Number of Persons in Household \_\_\_\_\_ Total Household Annual Income: \$ \_\_\_\_\_

ORGANIZATION REQUEST

Amount Requested \$ \_\_\_\_\_

For: \_\_\_Wrestling shoes \_\_\_Pay-to-Play Fees \_\_\_Meet Expenses (travel) \_\_\_Other (explain)

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

