

The Szucs Foundation Individual Foundation Request for Support

1. First Name _____

2. Last Name: _____

3. Last four digits of Social Security number. If awarded a grant, you will need to provide your full Social Security number.

4. Applicant Website (if any) _____

5. Email Address: _____

6. Home Address: _____

City, State, Zip: _____

7. Cell Phone Number: _____

8. Grant Category - Your grant proposal corresponds to which of the areas listed here - mark the appropriate box.

- Health and Wellness - Improving individual health and well-being
- Environment - effective stewardship of the environment
- Civil Rights - fostering equal rights for all
- Animal Welfare - care for abused or abandoned animals

- Veterans - support for veterans in need of services not covered otherwise

- Education - opportunities for poor and disadvantaged

9. Use of Grant - How will you utilize funds from the Szucs Foundation?

10. Please add any additional comments you would like to share with the Szucs Foundation.
