

MY SAIL Foundation

PO Box 78358
Seattle, WA 98178
206.992.6637
info@mysail.org

For internal use by MY SAIL.

Approved: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Approved (if > \$500): [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

REQUEST FOR SCHOLARSHIP/SUPPORT

This form is used by MY SAIL Foundation to evaluate the needs of individuals and entities requesting support from the Foundation in the form of cash donation (scholarship) or equipment donation (support). Please answer the questions as best you can. Thank you for your interest in MY SAIL Foundation.

WHO

Name of individual making request: [Click here to enter text.](#)

Contact phone: [Click here to enter text.](#) Email: [Click here to enter text.](#)

Age of requestor: [Click here to enter text.](#)

Name, phone, email, & age of team members: [Click here to enter text.](#)

Please attach photos of participants when possible.

WHAT

Please describe what the funds will be used for (name of event, make/model of equipment, etc.).
Feel free to attach photos; it really helps.

[Click here to enter text.](#)

WHEN

Please provide:

Date(s) of event: [Click here to enter a date.](#)

Date funds needed by: [Click here to enter a date.](#)

WHERE

Where will event be held and/or where will equipment be used/stored: [Click here to enter text.](#)

WHY

Please describe in detail your goals for the event or why you are requesting funds: [Click here to enter text.](#)

HOW

Attach a budget for this event. Show other funding sources (grants, fundraisers, etc.) as income.

BANKING

If funds are to be transferred, please provide the following information and allow 7-10 days for an e-check.

Bank name: [Click here to enter text.](#)

Bank address: [Click here to enter text.](#)

Bank phone # [Click here to enter text.](#)

Routing #: [Click here to enter text.](#)

Account #: [Click here to enter text.](#)