



"Our Mission, as a charitable organization governed by the players, is to support volleyball athletes in the local community through fundraising efforts that promote our sport."

CONFIDENTIAL APPLICATION FOR FUNDS

Name of Nominator _____ Phone # _____ E-mail _____

Nominee _____ Today's Date _____

Mailing Address _____

Home Phone _____ Alt. Phone _____

E-mail Address _____

Please describe how the nominee is associated with the volleyball community?

SPIKE2CARE will accept all applications for persons nominated within our volleyball community. An individual may also nominate themselves. Each application will be reviewed closely by the SPIKE2CARE Distribution of Benefits Committee (maximum of 3 members) and will ultimately be approved or denied by the SPIKE2CARE Executive Board. The committee will take great care to keep the nominee's identity anonymous and will bring the application and information to the board as such. A member of the SPIKE2CARE Distribution of Benefits Committee may contact the nominee or nominator to discuss the application or gather further information. The amount of the funds allocated is dependent upon the number of applicants and the amount available for distribution. Within 72 hours, SPIKE2CARE will send a confirmation email that your application has been received.

Please describe your circumstances and your specific financial need.

Amount Requested \$ _____

What date would you like to have the funds by? _____

- You may attach additional pages to this application for use by the Distribution of Benefits committee to better understand the specific need.
- I understand that acceptance of an application does not guarantee a funds allocation.
- I understand the conditions of this funds allocation program and would like the nominated to be considered for the amount requested.

Nominator Signature _____ Date _____

Applications and any supporting materials can be e-mailed to: applications@spike2care.org or mailed to:

SPIKE2CARE
4238 E 12TH AVE
SPOKANE, WA 99202