

The Darryl Worley Foundation, Inc.
325 Main Street
Savannah, TN 38372



Telephone: (731) 926-2667

Toll Free: (866) 44-3877

Individual Grant Application

Name of Individual Applying for Grant _____

Mailing Address _____

Name of Person Making Application _____

Address _____

Phone Number _____ Title _____

Name of Minister, Doctor or Community Leader Reference _____

Address _____ Phone _____

Attach Purpose of Grant: on Back, single-spaced, typed or printed.

1. Event or Condition with Pictures
2. Time critical
3. Benefits to individual
4. Long Term Benefit
5. Personal Financial Statement must be completed and attached with grant application
6. Other Financial help

Source _____ Amount \$ _____

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The Darryl Worley Foundation, Inc.

Grant Request: \$ _____

Projected Total: \$ _____

Note: It is our procedure to pay grants to a certified third party such as Hardin County Ministerial Association. Grants are normally a one-time event. Upon award of grant, Name of Grantee and appropriate description may be released to media or other public use for foundation.

Other attachments to include:

Copy of last year's tax return and Personal Finance Statement if applicable

Other pertinent information you think would be hopeful to the Benevolent Committee

Release to approach government agencies, medical institutions or credit bureaus for verification of grant request

Signature _____ Date _____

All Financial or Medical Information provided will only be used for evaluation of grants and not provided to third parties without permission