



EMBRACING U GIVING AWARD PROGRAM FORM

PERSONAL INFORMATION (PRINT CLEARLY)		
First Name:	Last Name:	
Date of birth (M/D/Y):	Phone:	Email:
Current address:		
City:	State:	ZIP Code:
ASSISTANCE REQUESTED (CHECK ONE)		
<i>Has the individual been a recipient of the Giving Award in the last 12 months?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
REFERRAL DETAIL		
Explain circumstances for referral to the Embracing U Giving Award Program:		
HOW DID YOU HEAR ABOUT EMBRACING U FOUNDATION?		
Referred by:		
Contact Name	Contact Email	Contact Phone
OFFICE USE ONLY		
Date Reviewed by BOD:	Decision:	Date Recipient Notified:
Explain Goods, Services or Funds Awarded:		

PLEASE EMAIL APPLICATION TO:
embracingu_3@yahoo.com
Or Mail To:

Embracing U Foundation • PO Box 13206 • Charleston, SC 29422

Revised 11/2014