



Continuing the Legacy of Bob Green  
whatwouldbobdo.org

## Application for Assistance by an Organization

Date of Request: \_\_\_\_\_

Recommended by: \_\_\_\_\_ Phone #(\_\_\_\_\_) \_\_\_\_\_

Organization: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Secondary Phone # (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### ASSISTANCE REQUEST

Using the space below, give a brief description of the assistance requested. Be sure to include name of your campaign, the campaign goal, dates of the campaign, the shortfall, and any other applicable information:

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*I certify under penalty of perjury that the statements on this application are true and correct and that I have read and understand the program requirements.*

Signature: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Printed: \_\_\_\_\_ Date: \_\_\_\_\_

### WWBD STAFF USE ONLY

Date application rcvd: \_\_\_\_\_ Initials of WWBD rep: \_\_\_\_\_ Case File #: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ Date: \_\_\_\_\_ Reason for denial: \_\_\_\_\_

**What Would Bob Do, Inc. • 300 1<sup>st</sup> Street N • Alabaster, Alabama 35007 • (205) 663-2177**

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