

# FUNDING REQUEST QUESTIONNAIRE

*Thomas A. Biddle Foundation*

Date: \_\_\_\_\_

## APPLICANT INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Cell/Work \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Children: Yes \_\_\_\_\_ No \_\_\_\_\_ # of children \_\_\_\_\_

Applicant's Relationship to Deceased Service Member: \_\_\_\_\_

Is this request for you or a family member? You \_\_\_\_\_ Family Member \_\_\_\_\_

Family Member's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Family Member's Age: \_\_\_\_\_

Family Member's Relationship to Deceased Service Member: \_\_\_\_\_

*If more than one family member, list their information in the spaces provided on page 4 of this document.*

## DECEASED VETERAN'S INFORMATION

**Please provide a copy of your Veteran's DD Form 214 when submitting your application.**

Deceased Name & Rank: \_\_\_\_\_

Date of Passing: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Last Duty Station: \_\_\_\_\_

## BRIEF ESSAY

**Provide a brief essay (on a separate document attached to your application or in the body of your submission email) of you and your family leading up to and after the loss.** The essay is used to understand the needs of your families. (This essay will not be shared without your permission.)

**TYPE OF ASSISTANCE REQUESTED**

- ☐ Mortgage or Rent Payment  
☐ Utilities (Electric, Water, Gas, Heating)  
☐ Communication Services (Phone or Internet)  
☐ Transportation Costs (Car Payment or Auto Insurance)  
☐ Medical or Dental Expenses  
☐ Childcare or Daycare  
☐ Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you working with a Casualty Assistance program, personal counselor, social worker, or clergy?

Yes \_\_\_\_ No \_\_\_\_

May we contact and work with them to meet your needs? Yes \_\_\_\_ No \_\_\_\_

**PROVIDER INFORMATION**

Provider you are working with: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**BILL PAYMENT REQUEST**

Bill Information: \_\_\_\_\_  
 \_\_\_\_\_

**(You must provide a current statement of the bill that has the business's contact information. If reimbursement for a bill, provide a statement that shows the amount paid with the date of payment.)**

**FUNDING REQUEST**

Funding Amount Requesting: \$ \_\_\_\_\_

*If funding is awarded, all funding is sent directly to the organizations and businesses providing services on behalf of the veteran family.*

**OTHER INFORMATION**

Receiving funds from other organizations: Yes \_\_\_\_ No \_\_\_\_

If Yes, please list organization(s). (i.e., Folds of Honor, AASRFGSP, Special Operations, Warrior Operations, American Legion, VFW, DAV etc.)

*\*Disclosure of information does not determine qualification*

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## STATEMENT OF FUND IMPACT

**Provide a 3 - 4 paragraph statement (on a separate document attached to your application or in the body of your submission email) on how these funds will benefit you or your family and your goals.**

## LIST ANY ADDITIONAL INFORMATION YOU FEEL IS PERTINENT

*(Examples: Home schooling, child rearing, taking care of exceptional family members, special needs children, aging parents, or if you are a single parent)*

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## STATEMENT OF CERTIFICATION (BOTH SIGNATURES ARE REQUIRED)

**I certify the information provided in this application is accurate and complete to the best of my knowledge. I understand failure to provide full documentation or falsification of credentials will result in disqualification of this application. I agree to provide, if requested, official documentation to verify information reported on this application. In the event I receive funds award and elect not to use the funds during the calendar year, I will immediately return the award to the Thomas A. Biddle Foundation. I also understand the decision of the committee is final.**

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**Applicant's Signature**

**Date**

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**Guardian's Signature**

**Date**

**Does Survivor/Guardian give the Thomas A. Biddle Foundation permission to share information to potential Funding foundations?** Yes \_\_\_\_ No \_\_\_\_

Once completed, email the application to the TAB Foundation at [tabfoundation@hotmail.com](mailto:tabfoundation@hotmail.com) as a PDF document, or return the application via mail to Thomas A. Biddle Foundation, P.O. Box 4141, Wenatchee, WA 98807.

Date received by TAB Foundation: \_\_\_\_\_

**ADDITIONAL FAMILY MEMBERS (IF APPLICABLE)**

Family Member Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Family Member Age: \_\_\_\_\_

Relationship to Deceased Service Member: \_\_\_\_\_

Family Member Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Family Member Age: \_\_\_\_\_

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