



Request Application Form
Return to Give@SchmidtCommunityFund.org when complete

Your Name: _____

Date of Submission: _____

Requesting Program Name: _____

Focus of Program: _____

Dollar Amount (you must be able to match this request): _____

Reason for requesting including why this is Important to you: (attach additional pages as necessary): _____

Phone Number: _____

Email Address: _____

Board Use Only

- Approved Amount: _____
- Denied Reason: _____

Signature: _____ Date: _____