

Mane Mission 501(c)3
Application for Assistance – Individual

Mail application to:
Mane Mission Songwriters Competition
P.O. Box 198
Bullard, TX 75757

(Please Print)

Name of individual in need of assistance _____

Parent or Guardian applying for assistance _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone # _____

Email Address _____

Attach further description for the following as needed:

What has the individual been diagnosed with (ie. Down Syndrome, Autism, etc)? _____

If you are approved for funds from Mane Mission, how would the funds be used? _____

How much financial assistance are you looking for? (Please provide breakdown of how money will be spent)_____

Signature_____ **Date** __/__/__