

# Lovejoy-Witherly Endowment

## Application

### Applicant Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Assistance Requested: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

### Disclaimer and Signature

*I certify that my information is true and complete to the best of my knowledge.  
I also understand this is a one-time gift and there is no obligation or expectation from me. Mr. Witherly set up this trust to help the people within the community.*

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