



The Trademark Charitable Giving Fund

APPLICATION FORM

SELECTION PROCESS

The organizations will be selected by the Selection Committee, no later than March 1st of each year. The fund's Selection Committee consists of a minimum of three (3) volunteers who are current employees of Trademark Federal Credit Union. This Committee will review applicants for eligibility and will present a final list to the entire Trademark Membership for final consideration.

ELIGIBILITY REQUIREMENTS

- You or your organization must have your application submitted by a Trademark Member.
- All donation requests must be submitted via email to CharitableGiving@trademarkfcu.org or mail to PO Box 1440, Portland, ME 04104. Written or phone requests are not accepted.
- The donation form must be filled out completely in order for your request to be considered.
- Your organization must not have received a donation from Trademark Federal Credit Union during the previous 12 calendar months before application submission. An organization is eligible to receive only one donation item per year.
- We do not entertain requests to support religious causes or political events and programs.
- We will not support organizations that discriminate on the basis of age, sex, race, religion, national origin, sexual orientation, or disability with respect to employment, volunteer participation, or the provision of services.
- We **do** consider requests from but not limited to; non-profit entities, individuals who are current Members of Trademark FCU, local school departments, local fire departments and local police departments.

REQUEST PROCEDURE

Fill out this application and submit to CharitableGiving@trademarkfcu.org on or before December 30th.

ORGANIZATION'S INFORMATION

Applicant's Name: _____ Position/Title: _____

Organization: _____ Telephone #: _____

Web address: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary area served:

Type of services provided:

APPLICATION STATEMENT

(In the space below, please describe your reasons for requesting this award and the purposes for which it will be used. Please be specific as to how you will be able to use the award for the program.)

OTHER COMMENTS

(Please note any other achievements or comments you believe are pertinent.)

OTHER FUNDING

(Please note any other funding the program receives.)

REFERENCES (Optional: Please list references or sources for services that have been provided.)

	<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE #</u>
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____

AUTHORIZATION

By submitting this application, I certify that I am authorized to act on behalf of the named organization or agency and that all of the information contained in the application is true and accurate to the best of my knowledge. I understand that this information may be used in any manner deemed necessary by the Selection Committee in the consideration of my application. Furthermore, if we are selected to receive this award, we agree to collaborate with the Credit Union to promote the award to local Maine media outlets.

PLEASE FORWARD THE COMPLETED APPLICATION BY EMAIL TO:

EAC@Trademarkfcu.org

APPLICATION DEADLINE:

December 30th