



**BOBBY PAGE MEMORIAL FOUNDATION
2008 REQUEST FOR FUNDING APPLICATION**

The Bobby Page Memorial Foundation is committed to assisting children, under 18 years of age, in need of assistance to make their dream come true through sports, art, dance, music, or theater. Although a monetary gift will not be handed out to recipient, except for donations to leagues or institutions that benefit children, needed equipment or registration fees will be purchased by the Bobby Page Memorial Foundation. The family must reside in the Rome area, and the submitting organization must provide evidence of need, by submitting attached “Making Dream Come True Form”.

For questions regarding this application, please call 336-8364.

APPLICANT INFORMATION

Date of Application: _____

Name of Recipient: _____

Date of Birth: _____

School Attending: _____

Name of Recipient (Parent, Guardian, etc.): _____

Relationship to Recipient: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

NEED:

State need: _____

Public Disclosure Waiver:** _____ Yes _____ No

**Applicant agrees to allow the Bobby Page Memorial Foundation to utilize the grantee’s “story” for promotion of good works.



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Organization: _____

Contact Information (President of Organization)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Please describe the need and why you feel the recipient is in need:

Signature: _____

Date: _____

Please mail application to:

**BOBBY PAGE MEMORIAL FOUNDATION
8527 CYRUS AVE.
ROME, NY 13440**