



**HOTSINPILLER**  
MEMORIAL FOUNDATION

## **HOTSINPILLER CHARITABLE FOUNDATION APPLICATION FORM**

**Name of Recipient (full name including maiden name if applicable):**

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**US Citizen? Yes / No**

**Home Address:** \_\_\_\_\_

\_\_\_\_\_

**Government Agency / Law Enforcement Department:** \_\_\_\_\_

**Work address:** \_\_\_\_\_

\_\_\_\_\_

**Reason for Request (Please provide relevant details of the reasons/causes for the request. Please include relevant dates.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant Name** \_\_\_\_\_

**Circle One: Recipient - or - Representative of the Recipient:**

**Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_