

**THE FORTITUDE EDUCATIONAL AND CULTURAL DEVELOPMENT CENTER, INC.
APPLICATION FOR ASSISTANCE**

REQUEST FOR:

- Financial Assistance**
- Educational Assistance**
- Other** _____

If you are requesting for an organization, please complete only A, B, C below and page 2.

Please type or print and email to info@fecdc.com.

1.	Last Name: _____	First Name: _____
2.	Mailing Address: Street: _____ City: _____ State: _____ Zip Code _____ Parents/ Guardian (If Applicable) _____	
3.	Telephone: Home () _____ Cell () _____	
4.	Date of Birth: Month _____ Day _____ Year _____	
5.	Name of School (If Applicable) _____ Grade Level _____	
Indicate Amount / Type of Assistance Needed		
A.	Financial: _____	Amount: _____
B.	Other: _____	
C.	Provide detailed reasons for requested assistance: _____	

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose seemed necessary to promote the Foundation's scholarship program.

Signature: _____ Date: _____

Please type or print.

**THE FORTITUDE EDUCATIONAL AND CULTURAL DEVELOPMENT CENTER, INC.
APPLICATION FOR ASSISTANCE**

Name of Organization:					
1.	<table border="1"> <tr> <td>Primary Contact Information</td> <td></td> </tr> <tr> <td>Last Name:</td> <td>First Name:</td> </tr> </table>	Primary Contact Information		Last Name:	First Name:
Primary Contact Information					
Last Name:	First Name:				
2.	Mailing Address: Street: _____ City: _____ State: _____ Zip Code _____ _____				
3.	Telephone: Home () _____ Cell () _____				
4.	Mission Statement: .				
5.	Constituents Served: (Youth or Senior Citizens)				
6.	Successes/Accomplishments:				

Submitted by: _____ Date: _____