JAMES E KNISLEY JR MEMORIAL FOUNDATION

hawkfoundationohio@outlook com

Scholarship/Funding Request

Select one: ◯ **Individual** ◯ **Group/Organization**

Name/Contact:_____

Organization (if applicable):_____

Address:_____

DOB (if Individual) or EIN (if Organization):_____

Phone Number:_____

Email Address:_____

Amount Requested :$_____

Purpose of scholarship/funding:

Signature:_____ **Date:**_____

For office use only:

APPROVED: ◯ NOT APPROVED: ◯ DATE:

NOTES: