



Today's Date:

Applicant information:

Amount of Funds Requested:

Services Requested*:

What is the reason for the request?

Have you received a sponsorship from Mosaic Wellness Center in the past?

Email or drop off this form at Nicole@mosaicwellnesscenter.org or at 907 Lincoln Avenue, Harvey ND

If there are any questions call 320-348-4786.

*Services are not required to be received at Mosaic Wellness Center and are not limited to strictly talk therapy. While the preference is for the funds to be distributed locally, each request will be reviewed and approved by the board of MWC.