



City of Wainwright

Individual Donation Request Guidelines

The City of Wainwright recognizes the needs for our community. To ensure we are following the guidelines provided by the council, please make sure the forms are filled out to the best of your ability. You must be a resident of Wainwright to be eligible for donations. You will receive a letter or phone call from the City Staff if your donation request has been approved or not. Please fill out your donation request in a timely manner. Due to the possibility of getting the council's approval, we ask you to fill out the form a month prior to your event. Due to limited funds available, within the City all donation requests may not be approved.

Medical- this category may cover possible assistance with Travel, transportation, lodging and or meals

Please provide documentation-

Appointment Letters

Approval Letter or any type of documents from primary resources applied for

Denial Letter from primary resources applied for.

Note if it's a long- or short-term medical assistance

Note if it's an emergency or non-emergency

Funeral Assistance- this category may cover for anything to assist with funerals. Supplies, materials, travel assistance, and or graveyard digging.

Please provide documentation-

Approval Letter or any type of documents from primary resources applied for.

Denial Letter from primary resources applied for.

Personal Hardship- this category may cover any type of personal hardship you or your family is facing. Donation for food and or assistance with paying rent or fuel?

Please provide documentation-

Approval Letter or any type of documents from primary resources applied for.

Denial Letter from primary resources applied for.

Addition form must be filled out.

How to Apply:

1. Complete the Donation request form
2. Attach supporting documents (acceptance or denial letter)
Examples: ASNA, MTFA, Native Village of Wainwright, Olgoonik, Medicaid.
3. Proof of residency (bill with physical address)
4. Copy of ID

The more information provided will be helpful for staff to determine the appropriate category.



City of Wainwright

Donation Request

Individual Information

Name: _____

Physical Address: _____

Mailing Address _____

City: _____ State _____ ZIP: _____

Phone: _____ Email: _____

Donation Request

Amount Requested: _____ Date needed: _____

Short Term Medical Long Term Medical Funeral Assistant Personal Hardship

Other _____

Reason for donation: (can also attach a donation letter if needed)

Due to getting City Council Approval we ask you to apply at least 1 month prior to your event.

Have you reached out to any other resources before applying with the city? If yes, please provide documents.

Office use ONLY	
Staff Received:	_____
Council Approval:	_____
Finance Review:	_____
Approved Amount:	_____
Funding Source:	_____



City of Wainwright

Personal Hardship Additional information

Have you reached out to any other primary resource before coming to the city? YES/NO
If yes please provide information below also attach any letters of approval or denial from primary resources.

Are you currently employed? Or any other family members employed within your household?
If yes, please provide documentation. (Last pay stub, Job History, ect.)

How many family members do you have in your household?

Do you receive any other financial assistance? (dividends, food stamp, etc.) If yes, please list below
