



Making a Difference
One Smile at a Time!

www.smilemoore.net

REQUEST FOR ASSISTANCE

Qualifications for assistance:

- ✓ Smile Moore is an approved 501©3 organization that provides grants to the children of widows and widowers under the age of 18 for extracurricular activities such as summer camps, birthday parties, sports, music and the arts. Applications for any other purposes will be discarded.
- ✓ Applications must be submitted 60 prior to the date the funds are needed. Each application will be reviewed by the Board of Directors to ensure that the application is complete and valid. Incomplete or invalid applications will be discarded.
- ✓ One application for financial assistance request per applicant, per calendar year. The maximum amount of an individual grant application is \$250.00. The maximum amount for a family grant application is \$500.00. Smile Moore reserves the right to set the amount of monies awarded.
- ✓ Your application must include the following to verify the applicant is eligible under Smile Moore's requirements:
 - A copy of the deceased parent's death certificate
 - A copy of the dependents birth certificate
 - A copy of the most recent IRS Form 1040/1040EX

This must show the legal dependent status of the applicant

Failure to provide these documents will be grounds for denying this grant request.

- ✓ If funds are not used as intended, Smile Moore reserves the right to demand repayment at anytime.
- ✓ No phone calls! Please email any questions you may have to info@smilemoore.net.



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- ✓ Mail all required information to Smile Moore, P.O.Box 12088, Lake Charles, LA 70612.
- ✓ All applications will be considered, but due to the limited financial resources applications cannot be guaranteed.

Family Information

Legal Guardian submitting application: _____

Email Address: _____

Relationship to child: _____

Name of deceased parent: _____ Relationship - Mom or Dad

Date of death: _____ Cause of death: _____

Applicant Information

Name of child benefitting from grant: _____ Age: _____ Boy or Girl

Name and age of siblings: _____

Have you applied for assistance before? _____

If yes please explain: _____

Child's address: _____

Mailing address: _____

Family phone: _____ Parent/Guardian Phone: _____

What school does child attend: _____

Child's birthdate: _____ Does child reside with you? _____



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What program would you like assistance? _____

Total cost of program: \$_____ Grant Amount Requesting: \$_____

Please complete in detail the following questions. Attach any additional pages if needed.

Please describe your current situation and reason for Grant: _____

Why do you want your child to participate in the activity chosen? (If your child is older than 5, please have them complete this section themselves): _____

Will grant funds continue an activity that the child was participating in prior to his/her parent's death or is this a new activity? _____

How will participating in this activity affect them in a positive way? _____



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What additional ways are you raising money to make participating in this activity possible? _____

Program Information

“Payment will only be made to the organization providing the service.”

Company name providing service: _____

Contact Name: _____

Business Address: _____

Mailing Address: _____

Checks will be mailed directly to this address, please make sure its accurate

Business Phone: _____ Other Phone: _____

Email Address: _____ Website: _____

Does this program provide the service from their home? Yes or No

Start date of activity: _____ End date of activity: _____

How will grant funds be used (please be specific): _____

Please include any and all brochures, business cards, specific pricing information, etc. that pertains to the activity that the grant is being requested for. Without proper supporting documentation, the applicant’s request may not be granted.



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How did you hear about Smile Moore? _____

What other information would you like us to consider when reviewing this application?

Letter of Agreement

In order to review this application the parent or guardian is required to sign below:

- ✓ All funds will be utilized exclusively for the expenditures set forth in the financial assistance application;
- ✓ The check must be cashed within 90 days of receipt or it may be voided;
- ✓ The parent of the dependent child will ensure the provider will return all remaining funds to Smile Moore if the monies are not utilized exclusively for the expenditures set forth in the application unless written approval is given by Smile Moore.
- ✓ The parent to provide pictures of the child smiles during the program provided by Smile Moore. Parent also gives permission to Smile Moore to post these photos on social media approved by Smile Moore.

Smile Moore does not discriminate on the basis of race, color, religion, gender, sexual preference, national origin, ancestry, age, disability or veteran status.

I declare under penalty of perjury that the foregoing information is accurate and correct to the best of my knowledge.

Dated: _____

Printed Name of Applicant

Signature of Applicant



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Please send the completed, signed and dated application with all referenced attachments to:

Smile Moore

P.O. Box 12088

Lake Charles, LA 70612

Reminder, you must submit your application at least 60 days prior to the date needed so that Smile Moore has adequate time to consider your application. Smile Moore works very hard to grant as many requests as possible, but we are unable to fulfill every grant request. You will be notified by US Mail or email if your application has been approved.