



The John Spadaro Youth Foundation, Inc.
Federal Tax 501 (c)(3) ID: 45-3593554

NOMINATION APPLICATION

Date of Application: _____

First Name of Nominee (or organization name): _____

Last Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

School (if student): _____ Grade Level: _____

Nominator Name: _____

Nominator Phone: () _____

Nominator Email: _____

Amount Requested: \$ _____

You are required to provide explanation for the nomination. Please include the reason(s) financial assistance is needed. Example: family hardship, other situations or occurrences (if needed, attach additional sheets):

Signature:

I certify that the information provided above and all attachments to this application are true and correct.

Print Name of Nominator

Nominator Signature