

# MARK AND MONICA NYMAN FOUNDATION

www.nymanfoundation.org

EIN 30-0709581

## Funding Application for Individuals

I wish to be considered for Nyman Foundation Funding. I understand that this application will be available only to qualified people who need to see it in the course of their duties. I affirm that I plan to attend the specified event or conference identified in my application and that this event or conference has purposes congruent with the Nyman Foundation's purposes. If selected, I agree to attend the event or conference and understand that the Nyman Foundation may publicize my attendance, this scholarship and any recognitions received by me from participation. I agree the Nyman Foundation does not represent nor is responsible for the event/conference and is not liable for any actions of the organizers, participants or others associated with the event/conference. Funds not used for the expressed purposes listed must be returned.

Name of Event/Conference: \_\_\_\_\_ Date(s) to be held: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Funds will be used for: \_\_\_\_\_

Legal name in full \_\_\_\_\_  
LAST, FIRST, M.I.

Address: \_\_\_\_\_  
STREET AND NUMBER CITY STATE ZIP CODE

School you currently attend: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Which year are you in the current academic year? Fr. \_\_\_\_\_ Soph. \_\_\_\_\_ Jr. \_\_\_\_\_ Sr. \_\_\_\_\_ Age: \_\_\_\_\_

**On an attachment (2 page limit using 12 font and 1 inch margins) create an essay that answers the three following questions:** (Please type)

1. Describe your commitment to success. What are you committed to and what challenges do you need to overcome to get there?
2. What is an accomplishment you are proud of and how is it helping you attain your goals?
3. How will attendance at this event/conference further those goals?

**By signing below I agree to the conditions described above, assert this application is my own work, and affirm that the information contained herein is true and accurate. If funded, the applicant will be required to sign a *Statement of Assurances* prior to the funds being disbursed.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required if applicant is under 18 years of age)

\_\_\_\_\_  
Date

**Please mail this application and the accompanying essay to the Nyman Foundation at the address below.**

### Mailing Address

Tracy Sanderson  
30470 Parkway SW  
Suite A  
Wilsonville, OR  
97070

*Fostering leadership  
and  
entrepreneurial skills  
in students to achieve great  
things*

### Board of Directors

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