

MARK AND MONICA NYMAN FOUNDATION

www.nymanfoundation.org

EIN 30-0709581

Funding Application for Organizations

Our organization wishes to be considered for Nyman Foundation Funding. I affirm the funding request is for purposes congruent with the Nyman Foundation's purposes. If approved, I understand that the Nyman Foundation may publicize this event and the Foundation's funding. 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: _____

Organization Making Request: _____

TAX ID Number: _____ Non Profit (please circle): Yes No

Address: _____
STREET AND NUMBER CITY STATE ZIP CODE

Phone: _____ Contact E-Mail: _____

Website: _____ School affiliated with: _____

On an attachment (2 page limit using 12 font and 1 inch margins) **answer the following questions:** (Please type)

1. Describe the purposes for which the funds will be used and the amount requested.
2. Are there other funds that are also being used for this activity? If yes, identify source(s).
3. How will this event/conference/activity further your organization's goals and the purposes of the Nyman Foundation?

By signing below I agree to the conditions described above and affirm that the information contained herein is true and accurate.

Applicant Name (print) Position in Organization

Signature Date

If funded, the applicant will be expected to sign a Statement of Assurances before the funds are released.

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

Mailing Address

Tracy Sanderson, CEO
30470 Parkway SW
Suite A
Wilsonville, OR
97070

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

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