

FORWARD FOUNDATION

The mission of Forward Foundation is to **enhance the lives of children.**

Eligibility Guidelines & Requirements for Receiving Funds

All applications/referrals are reviewed by committee. Information provided for review will be held in the highest regard of confidentiality. Funding preference is extended to those who meet the eligibility requirements listed below. *Not all applications submitted will be funded.*

- ✓ The recipient is under 18 years of age **OR** the recipient is a community group or organization that benefits children under 18 years of age, **AND**
- ✓ The recipient resides in or is based in trade areas served by Bank, Insure, Invest, or Tax Forward.

SECTION 1	
AMOUNT REQUESTED:	Payable to:
CHILD/DEPENDENT'S or ORGANIZATION NEED (summarize here or attach separate note):	
SECTION 2 – RECIPIENT INFORMATION	
CHILD/DEPENDENT'S or ORGANIZATION NAME:	
CHILD/DEPENDENT'S AGE:	
NAME OF PARENT/GUARDIAN (on behalf of child/dependent) OR ORGANIZATIONAL CONTACT:	
RELATIONSHIP TO CHILD/DEPENDENT OR ORGANIZATION:	
MAILING ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS:	
SECTION 3 – REFERRAL INFORMATION & ACKNOWLEDGEMENT	
NAME OF PERSON MAKING REFERRAL:	
PHONE NUMBER:	
EMAIL:	
MAILING ADDRESS:	

By signing below, I acknowledge that information in this referral is accurate to the best of my knowledge.

Signature of Person Making the Referral: _____ Date: _____

SECTION 4 – MEDIA RELEASE

I authorize Forward Foundation the rights to publish photograph(s), video(s), testimonial(s), and/or information submitted through the Forward Foundation application process of me, or members of my family, or the organization that I represent, in any media, including advertising, publicity, website, social media or any trade purpose for Forward Foundation or its products and services. I understand that the above mentioned will be published for an indefinite amount of time. Full names, titles, company name, city, and state may be revealed in conjunction with photograph(s), video(s), and/or testimonial(s). I agree that this will be without monetary compensation. Photograph(s), video(s), testimonial(s), and/or information submitted through the Forward Foundation application process may be used for any lawful purpose listed above. I hereby agree to hold the Forward Foundation, its licensees and affiliates harmless from any liability resulting from statements and actions depicted or described in the information, text and graphic representations herein submitted of me, or members of my family, or the organization that I represent. No promise or representation which is not expressed in this consent and release has been made to me.

I have read the authorization and release, understand it, give my full consent unless otherwise noted below, and am signing it voluntarily.

Signature: _____ Date: _____

Print Name: _____

Please scan and email this referral form to forwardfoundation@bankforward.com or mail to Forward Foundation, Attn: Board of Directors, 1202 28th St S, PO Box 7070, Fargo, ND 58106. If you know a child in need who lives in a **community** served by Bank Forward, Insure Forward, Invest Forward or Tax Forward, please contact Forward Foundation on our website, www.forwardfoundation.com, at our Fargo office, or by telephone 701.293.9540.

SECTION 5 – FOR COMPANY USE ONLY

Market President Acknowledgement of Receipt: _____ Date: _____

BOD Approval Amount: _____ BOD Denial Foundation Director: _____ Date: _____