



# THE ROYAL PALMS HONORABLE MENTION FUNDING APPLICATION

## MISSION

The Royal Palms mission is to support our local community through outreach and volunteerism to improve the lives of individuals and families in the Treasure Coast.

The purpose of this application is to assist individuals and/or families that need tangible or financial support in a crisis or medical emergent situation.

### Requirements for funding:

- The recipient of the funding request must live in the Treasure Coast area (this includes Okeechobee, Martin, St. Lucie and Indian River Counties).
- The request is due to an emergency or crisis situation.
- The recipient’s need must be verifiable by a Royal Palm member directly

### Examples of previous funded honorable mentions:

- Family home destroyed in a natural disaster
- Medical Emergency
- Car Accident

## Grant Application

- This application is the first step in the process of applying for a Royal Palms grant.

### Recipient Information:

Name of Recipient: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Phone number: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

If someone else other than the recipient is filling out the grant request, please fill out your contact information below:

NAME

CONTACT INFORMATION

\_\_\_\_\_

### Brief Description of the Situation:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Brief Description of How the Funds Will Be Used:**

**Are there any other funds that this individual or family is receiving? (other fundraisers, grants, etc.):**

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**Royal Palm Member who will verify this request:**

Name:

Signature:

Date:

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For Royal Palm Use Only:

Date Received:

Date of Presented to Members:

Date Check Disbursed:

Date Presented to Board:

Approved or Disapproved

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