TYRONE S. WOODS WRESTLING FOUNDATION

PO Box 297

Oregon City, OR 97045

501(c)(3) Charity Organization EIN: 37-1794400

[www.tswwf.org](http://www.tswwf.org) info@TSWWF.org

Contact: Coach Doug Samarron, 503. 502.7114 Email: dlsamarron@gmail.com

2024-2025 Financial Assistance Request Form (FARF)

TSWWF is a nonprofit 501(c)(3) organization that was formed in 2015 to maintain the legacy of US Navy SEAL Tyrone Snowden Woods as an American Hero and a 1989 OSAA champion wrestler. Funds are awarded based on need and our available resources. Aid is not based on achievements of the wrestler. If this is an individual request, please be specific as to why you are requesting assistance, what your wrestling goals are, and how this aid will help you achieve those goals. Upon approval and disbursement of a donation for a group or individual(s), you or your program will be **required to** **provide a receipt to TSWWF with a signature verifying receipt of the funds.** Average processing time for your request is 3-4 weeks but can be sooner if the situation is time-sensitive. Please read both pages and fill in as requested. **An incomplete form** will result in a processing delay. All information provided to TSWWF is confidential and is never shared. **PLEASE READ THE SUPPLEMENTAL GUIDE FOR FUNDING, INITIAL WHERE REQUIRED THAT YOU HAVE READ THE FORM, AND SUBMIT.**

**INDIVIDUAL** Amount Requested $\_\_\_\_\_\_\_\_\_\_\_

For: \_\_\_Shoes/singlets \_\_\_\_\_Pay-to-Play \_\_\_\_Mat \_\_\_\_Training Camp \_\_\_\_\_Transportation

\_\_\_\_\_\_Tournament Participation Fees \_\_\_\_Wrestling program start-up

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street address City, State, Zip

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_(cell) Wrestler’s Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Year in School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GPA high school \_(Required\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_

Elementary/MS academic effort if no GPA available:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Private school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If attending private school, annual tuition:\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete lives with ( ) both parents ( ) mother ( ) father ( ) other

Parent/Guardian #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work/Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Persons in Household\_\_\_\_\_\_\_\_\_ Total Household Annual Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORGANIZATION REQUEST**  Amount Requested $\_\_\_\_\_\_\_\_\_\_\_

For: \_\_\_\_Wrestling shoes \_\_\_\_\_ Pay-to-Play Fees \_\_\_\_ Meet Expenses (travel) \_\_\_\_Other (explain)

Name of Organization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_ ZIP\_\_\_\_\_\_\_

Contact: Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a detailed explanation of the reasons for the financial request as well as why you are requesting assistance, what your wrestling goals are, and how this aid will help you achieve those goals. If this is a request for travel to a tournament, please include an itemized list of all expenses for the wrestler ONLY. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dates of meet/tournament: \_\_\_\_\_\_\_\_\_\_\_\_ Location: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_ Airfare ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ Car (gas): \_\_\_\_\_\_\_\_\_\_ Hotel:\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_ Tournament/meet fee:­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual and organization requests require **two (2)** **authorizing signatures (ex: parent, coach)** from responsible parties who have authority to represent the requestor.

***Gratitude: At TSWWF we not only believe in supporting excellence in youth wrestling but also emphasizing excellence in character development. An important quality that we encourage in our wrestlers is that of gratitude. A note of thanks written by the wrestler (not Mom or Dad) or by the organization receiving the donation is a great way to develop great character and earn respect of others.***

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

 Signature of Student-Athlete Signature of Organization Director or Coach

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 Printed Name of Student-Athlete Printed Name of Athletic Director or Coach

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

\***Required** -Signature of Athlete’s Rep/Parent/Guardian Signature of Athletic Director/Dept. Admin

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name of Athletic Director/Dept. Admin

Printed Name of Athlete’s Parent/Guardian

**DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE SUBMIT FORM IN .PDF OR .JPG FORMAT. THANK YOU!