

TYRONE S. WOODS WRESTLING FOUNDATION

PO Box 297

Oregon City, OR 97045

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

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.

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

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 Athlete's Parent/Guardian

Printed Name of Athletic Director/Dept. Admin

DATE: _____

DATE: _____

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