



A. CIRCUMSTANCE INFORMATION

Name of the deceased

Date of Funeral

Funeral Location

City

State

ZIP

\$ _____
Amount of Funds Requested

Date Funds Needed By

B. PERSONAL INFORMATION

Applicant/Organization Name (Last, First, MI)

Organization EIN (If Known)

Mailing Address

City

State

ZIP

Primary Phone #

Alternate Phone #

Email (correspondence will be emailed here)

Are you a:

- TNC shareholder NVT tribal member

C. COMMENTS (Provide any additional information below.)

D. AUTHORIZATION

By signing this Application, I acknowledge that I have read and agree to the guidelines and terms specified below:

1. I certify that the information on this application and its supporting documents is accurate and complete to the best of my knowledge. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for funding.
2. I certify that the document has been duly authorized by the governing body of the applicant, and that the applicant will comply with any assurances, requirements, and stipulations set by Tebughna Foundation if assistance is awarded.
3. I give the Tebughna Foundation permission to release, as appropriate, my comments, photos, names, and event details for Tebughna Foundation Publications.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SUBMIT THIS APPLICATION AND ALL APPLICABLE DOCUMENTS TO:

Tebughna Foundation
 1689 C Street, Suite 120
 Anchorage, Alaska 99501
info@tebughnafoundation.com
 (907) 646-3115

OFFICIAL USE ONLY

REMARKS:

Date Received: _____ Funding Approval? Approve Deny Amount Approved: \$ _____

Check #: _____ Check Payable To: _____ Authorized By (*Initial*): _____