

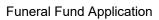


Name of the deceased	Date of Funera	Date of Funeral		
Funeral Location	City	State	ZIP	
	 			
Amount of Funds Requested Date Funds Nee	ded By			
B. PERSONAL INFORMATION				
Applicant/Organization Name (Last, First, MI)	Organization E	Organization EIN (If Known)		
Mailing Address	City	State	ZIP	
Primary Phone # Alternate Phone #	Email (correspon	ndence will be emailed here)	_	
Are you a:				
TNC shareholder NVT tribal membe	r			
D. AUTHORIZATION				
By signing this Application, I acknowledge that I h	ave read and agree to the guid	delines and terms specifi	ed below:	
 I certify that the information on this application and its sull understand and agree that failure to fully complete the limination from consideration for funding. 				
I certify that the document has been duly authorized by any assurances, requirements, and stipulations set by T			t will comply with	
	s appropriate, my comments, pho	otos, names, and event deta	aile for Tohughne	
 I give the Tebughna Foundation permission to release, as Foundation Publications. 		,	alis ior rebugilita	

SUBMIT THIS APPLICATION AND ALL APPLICABLE DOCUMENTS TO:

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

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OFFICAL USE ONLY			
REMARKS:			
_			
Date Received:	Funding Approval?	☐ Approve ☐ Deny	Amount Approved: \$
Check #:	Check Payable To:		_Authorized By <i>(Initial)</i> :

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