

Application for Gifting Award  
Senior Action Network

**Date:** \_\_\_\_\_

**Recipient Information:**

Name of Proposed Recipient: \_\_\_\_\_

Address of Proposed Recipient: \_\_\_\_\_

Phone Number of Proposed Recipient: \_\_\_\_\_

Referred By: \_\_\_\_\_

**Payee Information:**

Name of Payee: \_\_\_\_\_

Address of Payee: \_\_\_\_\_

Contact Person if Applicable: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

All requests for gifting awards must include the following information. Please complete the below questions to the best of your ability. This information will be used to determine approval/denial of Gifting Award.

**Specific Need Prompting Gift Request:**

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

**Other Funding Sources Pursued to address need:**

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

**Action taken to reduce amount of need:**

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

**Plan of action to prevent need in the future:**

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