



# PROFESSIONAL PEACE OFFICERS STAR & SHIELD FOUNDATION

The Star & Shield Board of Directors meets every month and will review all requests at that time. The applicant will be advised of the board's decision within one week thereafter. It is understood that the foundation is not able to fund every request due to the foundation's charitable giving guidelines and the availability of the funds at the time of the request.

**URGENT: If this request is time sensitive and requires urgent processing, please check here (  )**

Applicant or Contact Name \_\_\_\_\_ Tel (H/O): \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_ Tax I.D.: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_ Date: \_\_\_\_\_

If requestor is an organization, briefly outline the purpose of the organization on a separate piece of paper OR attach a brochure OR one page fact sheet on the organization, including details as to mission statement, how the organization is usually funded, how funds are dedicated, areas served, recent accomplishments, copy of 501(c)3 paperwork, etc. If an individual, please list the purpose of the request.

Amount Requested: \$ \_\_\_\_\_ Have you ever received funds from this foundation? \_\_\_\_\_

If connected to an event, please attach appropriate printed materials (e.g., event flyer, JDIC).

How did you hear about the foundation?

Referred by: \_\_\_\_\_ Employee No.: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE MAIL COMPLETED REQUEST FOR FUNDS TO: Star & Shield Foundation  
188 East Arrow Highway, San Dimas, CA 91773  
(323) 261-3010

OR FAX/EMAIL TO: (909) 480-9511/info@ppoa.com

We understand that this request will be submitted to the Star & Shield Board of Directors; that all requests will be given equal consideration, subject to the end use falling within approved bylaws and guidelines of the organizations' charter; that completion of this application does not guarantee approval of funds, and that the amount of funding may vary from what is requested.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



INTEROFFICE USE ONLY:

Approved / /  Denied / /  Letter / /  Payment Requested  Donation Sent / /