



THE COMMUNITY'S FOUNDATION

CONFIDENTIAL

APPLICATION PAY-IT-FORWARD & SUNSHINE FUNDS

WHAT ARE THE TCF PAY-IT-FORWARD & SUNSHINE FUNDS?

These TCF Funds are designed to assist Delaware County residents who encounter a sudden event that leaves them with an unexpected and uncovered health-related financial burden.

WHY WERE THE FUNDS FORMED?

As a community foundation, we have been confronted with the fact that many individuals throughout the communities we serve encounter sudden tragedies or accidents that leave them with unfunded health related costs.

WHO MAY BE ELIGIBLE FOR PAY-IT-FORWARD or SUNSHINE FUNDING?

It is our vision to provide funding to those who fall within the following guidelines:

- Individuals who suffer an unexpected event causing uncovered health-related financial burdens unmet by other resources, including but not limited to insurance coverage.
- Recipient must be a resident of Delaware County at the time of the event.
- The application will be used by the TCF Pay-It-Forward Sunshine Fund Committee to assess if we can help.
- Funding is determined on a case-by-case basis and is only intended to help defray the unexpected health-related costs, in keeping with the TCF “just that little extra” philosophy.
- Anyone can submit an application – the individual who experiences a sudden event, a friend, family member, or advocate. (*Names will be kept confidential by TCF. We will only share information if we have permission from the recipient receiving the funding.*)

As you can well imagine, the level of requests to support individuals who suffer sudden misfortune exceeds our available resources. TCF makes every effort to be creatively responsive, subject of course, to our own fiscal constraints.

Please use additional sheets or attachments if appropriate.

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“TCF PAY-IT-FORWARD & SUNSHINE FUNDS APPLICATION”

Name of Proposed Recipient:
Recipient is Resident of: _____
Contact Person: _____
Address: _____
City: _____ State _____ Zip Code _____
Phone Number: _____ Alternate Phone: _____
E-Mail Address : _____
What is the best time to contact you? Day of the Week? _____ Time? _____
Tell us about the unexpected event or accident that caused this hardship.
Tell us about the unfunded costs.

Return completed application to The Community’s Foundation offices located at:

900 W. Sproul Road; Suite 101

Springfield, PA 19064

Phone: (610) 461-6571; Email: info@TCFhelps.org

Signature

Date