



Tower Industry Family Support Charitable Foundation

APPLICATION FORM

PERSONAL INFORMATION

Injured or Deceased Tower Worker

Full Name: _____
FIRST MIDDLE LAST

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail Address: _____

Employer Information

Name of Employer: _____

Contact Person: _____

Phone Number: _____

E-mail Address: _____

Applicant

Full Name: _____
FIRST MIDDLE LAST

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail Address: _____

Relationship to Tower Worker: _____

ACCIDENT INFORMATION

Applicant's Full Name: _____
FIRST MIDDLE LAST

Date of Incident: _____

Did Incident Result in:

(Please ✓) Death Permanent Disability Severe Injury

Location of Incident: _____

Type of Work Being Performed: _____

Description of Incident: _____

Incident Resulted In:

(Please ✓) Emergency Room Visit Hospitalization Other

Nature of Injury suffered, including, if pertinent, likely number of days where Tower Worker will be unable to work:

Contact information for doctor providing treatment: _____

If assistance with funeral expenses is requested, name and contact information for Funeral Home:

NOTE: Applicant may be required to submit additional information if the incident resulted in a severe injury or permanent disability.

DONATION RECIPIENT INFORMATION

Applicant's Full Name: _____

Person to Receive Donation (If different from Tower Worker):

Name: _____

Phone Number: _____

Address: _____

City, State, Zip: _____

Relation to Tower Worker: _____

Release of information: By submitting this application, I, the undersigned, authorize the Tower Industry Family Support Charitable Foundation to share its contents with its Advisory Committee members. Donations of funds by the Foundation to Tower Workers or their Family Members are entirely discretionary. I understand that I am not guaranteed a monetary donation by submitting this application. The signatory represents and affirms that all information submitted in this application is true and correct.

Signature of Tower Worker or Applicant on Tower Worker's Behalf:

Date: _____

Disclaimer: Personal information collected as part of the application process will become the property of the Tower Industry Family Support Charitable Foundation and will be used by its Advisory Committee for purposes of evaluating applicants. The Advisory Committee has the final decision on determining if the injury fits the definition of "severely injured" or "permanently disabled". The Committee will evaluate each injury or disability per incident and its decision on each application is final.



Please mail application to:

TOWER INDUSTRY FAMILY SUPPORT CHARITABLE FOUNDATION
8 SECOND STREET SE
WATERTOWN, SD 57201

Fax to (605) 886-5184

or email a copy of the signed application to help@towerfamilyfoundation.com

FOR FOUNDATION'S INTERNAL USE ONLY

Applicant's File No. _____ Date _____ Approved Denied

Committee Approval _____
