



# APPLICATION FORM

## Tower Family Foundation

8 Second Street SE • Watertown, SD 57201  
(605) 882-5865 • [help@towerfamilyfoundation.org](mailto:help@towerfamilyfoundation.org)

### PERSONAL INFORMATION

(Please ✓) ☐ New Applicant ☐ Previous Donation Recipient

#### **Injured, Afflicted, or Deceased Industry 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 Industry Worker: \_\_\_\_\_

## ACCIDENT INFORMATION

Date of Incident: \_\_\_\_\_

Incident Resulted In:

(Please ✓ all that apply) ☐ Death ☐ Permanent Disability ☐ Severe Injury  
☐ Emergency Room Visit ☐ Hospitalization ☐ Long Term Illness ☐ Other

Location of Incident: \_\_\_\_\_

Type of Work Being Performed: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

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

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

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

If there are dependent children who will be eligible for our scholarship program, please list their name(s) and age(s) below:

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## DONATION RECIPIENT INFORMATION

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

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Relation to Industry Worker: \_\_\_\_\_

**Release of Information:** By submitting this application, I, the undersigned, authorize the Tower Family Foundation to share its contents with its Advisory Committee members. Donations of funds by the Foundation to Tower Industry 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 Industry Worker or Applicant on Industry Worker's Behalf:

\_\_\_\_\_

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

**Disclaimer:** Personal information collected as part of the application process will become the property of the Tower Family 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.

## SUBMISSION OF APPLICATION



Please email a copy of the signed application to  
**help@towerfamilyfoundation.org**

### FOR FOUNDATION'S INTERNAL USE ONLY

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

Tier: \_\_\_\_\_

☐ Approved ☐ Denied

☐ Year 1 ☐ Year 2

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