



APPLICATION FORM

Tower Family Foundation

105 28th St. NE • Watertown, SD 57201
(605) 882-5865 • 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: _____

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

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.

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

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: _____