The Nathan Trapuzzano Memorial Foundation

"We are a foundation providing financial relief and support for children who have lost a parent."

Application for Assistance

Name of Surviving Parent or Caretaker: _____

Address: _____

Phone Number: _____ Email: _____

Dependent Name(s) & Date(s) of Birth:

1) _____

2) _____

3) _____

4) _____

You may attach additional pages if necessary.

Name of Deceased Parent(s): _____

Date of Birth: _____ Date of Death: _____
Cause of Death: _____

Please describe your reasons for applying for assistance including current financial needs, circumstances, or other burdens: _____
_____
_____
_____
_____
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_____

You may attach additional pages if necessary.

11621 Milnor Road
Pickerington, OH 43147
info@thenathanfoundation.org
(317) 762-8312
www.thenathanfoundation.org

Please include the following documentation with your application:

- ☐ A copy of the death certificate
- ☐ A copy of all dependents' birth certificates
- ☐ A copy of your most recent 1040 showing legal dependency of the dependent(s)

If you have trouble obtaining one of more of these documents, please contact us and we will work to further assist you.

Email Completed application to: applyforaid@thenathanfoundation.org

Or send via US mail to:

The Nathan Trapuzzano Memorial Foundation
11621 Milnor Road
Pickerington, OH 43147

If you have any questions regarding this application please contact us via email at applyforaid@thenathanfoundation.org or call us at (317) 762-8307.

How did you hear about us?

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