



Dick Puhr Fund for Athletes Application

Student Name: _____ Sport: _____

High School Name: _____ Grade Level: _____

Amount of Request: \$ _____ Deadline for payment: _____

Describe student's need: _____

School Official Name: _____ Title: _____

School Address: _____

Email Address: _____ Cell Phone Number: _____

School Official Signature: _____

Date: _____

Completed application form and all items listed above must be submitted to:

Dick Puhr Fund for Athletes Committee
c/o Truman Heartland Community Foundation
4200 Little Blue Parkway, Suite 340
Independence, MO 64057

Contact:

Rachael Cassiday Watkins, Assistant Director of Programs and Donor Services
watkins@thcf.org
816-812-4185