

**SHE Foundation  
Health & Education Initiatives  
REQUEST FORM**

Name and Mailing Address of Non-Profit or Chapter

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Contact Person \_\_\_\_\_

Contact's Cell & Email Address \_\_\_\_\_

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Type of Event \_\_\_\_\_  
*(pageant, banquet, presentations, show, auction, etc.)*

Event Date \_\_\_\_\_

Is this event a fund raiser? \_\_\_\_\_ Yes \_\_\_\_\_ No

Event Description  
(Please provide as much detail as possible as to how funds will be used)

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This request is for: Use of Tax ID \_\_\_\_\_ Health Funds \_\_\_\_\_

Education \_\_\_\_\_

Today's Date \_\_\_\_\_

(If applicable)

**Amount Requested:**

\$ \_\_\_\_\_

*Please submit completed application to:  
The SHE Foundation, Inc.  
Scholarship Committee  
P O Box 56363 Washington, DC 20040*

*Or E-mail To:*

*[shefoundationinc@gmail.com](mailto:shefoundationinc@gmail.com)*

*or [mghberry@gmail.com](mailto:mghberry@gmail.com)*