

**MINDEN FOUNDATION  
REQUEST FOR ASSISTANCE**

Date \_\_\_\_\_

Name of Individual(s) needing assistance \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone # \_\_\_\_\_ How Long Have You Lived In The Minden Area: \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address & Contact Name \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Assistance: (attach sheet if additional space is required) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you requested assistance from the Minden Foundation before? \_\_\_\_\_

If yes, when and what was the result? \_\_\_\_\_

Names of two personal references and phone numbers that we may contact to discuss your situation \_\_\_\_\_

\_\_\_\_\_

**I declare that the above information is true and correct, and affirm that I am not related to any officer of the Minden Charity Classic, Inc., knowing that persons related to officers or directors of the Minden Charity Classic, Inc. are prohibited from receiving assistance.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Minden Charity Classic  
P.O. Box 1178  
Minden, LA 71058

or Fax to: (318) 371-0863