



# SPECIAL EVENTS FUNDING/DONATION REQUEST APPLICATION FOR INDIVIDUALS

**Please attach pertinent background information to this application. You may attach additional pages, if needed.**

## INDIVIDUAL PROFILE

Requestor Name: William Laster / Parent - Stephanie Fellows		Today's Date: 4/13/2023	
Mailing Address: 6108 NW 9th Ct	City: Margate	State: FL	Zip: 33063
Phone Number: 954-865-2397		Email Address: stephanief07@yahoo.com	

## ABOUT THE FUNDING REQUEST

Funding Request: State Tournament Travel Expense	Total Cost to Individual for Special Event: \$500.00
--	--

Please describe the intended use of requested funds and indicate the time period you are requesting these funds for (please attach letters of community support if applicable): I will use these funds on June 10<sup>th</sup> - 12<sup>th</sup>, 2023 to go to state bowling tournament in Orlando Florida. The funds will be used to pay for the tournament entry cost and travel expenses such as gas and hotel.

Please provide a needs statement (Why do you need the requested funds?): To help offset cost so that I can go to the State bowling tournament and accomplish my goal in receiving more scholarship money to help pay for my college.

Explain the public benefit (educational, economic, health, etc.) to the City of Margate and its citizens from the City funds received: It's a Scholarship tournament so that I can continue my education in college.

Please provide an outcome statement (What will be accomplished with the money?) explaining the impact as a result of obtaining funding from the City: I will get to go to this State bowling tournament to compete to gain more scholarship money to help further my education with college.



# SPECIAL EVENTS FUNDING/DONATION REQUEST APPLICATION FOR INDIVIDUALS

Please list other sources and amounts being requested from other agencies: we have done fundraisers through the bowling league such as candy sales to raise money which is divided between all the bowlers.

Have you received funding from the City of Margate in the past?  Yes  No  
If yes, please indicate the amount and the year:

Stephanie Fellows agrees to ensure compliance with all applicable federal, state, and local laws and regulations. This application must be signed by the individual requesting funding (or parent/legal guardian if requestor is under 18). By signing this application, the requestor (or parent/legal guardian) certifies that he/she is able to utilize the funds sought for their stated purpose. Please note that receipts may be required.

Pursuant to Florida Statute 95.525, a person who knowingly makes a false written declaration is guilty of the crime of perjury by false-written declaration, a felony of the third degree. ....

Individual Requestor (Printed): Stephanie Fellows

Date: 4/14/23

Individual Requestor (Signature): [Handwritten Signature]

Date: 4/14/23

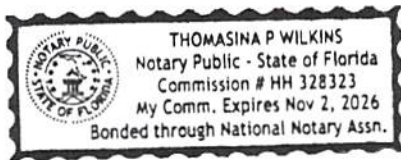
STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this 14th day of April 2023 by Thomasina Wilkins who is  personally known to me or  produced identification and did not take an oath.

Thomasina Wilkins

Print Name: \_\_\_\_\_  
Notary Public, State of Florida at Large

(seal)



### OFFICIAL USE ONLY

\_\_\_ Broward County Records Review

\_\_\_ Court records review

Date Received:

Application Reviewed By:

Amount Approved by City Commission:

Date Approved:

Account #