



# Out of Left Field Charity Fund

*(Operated by Markham Women's Slo-pitch League)*

## Application Form



### Mission Statement:

The Out Of Left Field non-profit charitable Fund (FUND) was established in October 2010 by the women of the Markham Women's Slo-pitch League (MWSL) for the sole purpose of assisting league members past and present who are experiencing extraordinary financial hardship.

### Qualification Criteria

Maximum Gift Amounts	<ol style="list-style-type: none"> <li>1. Maximum gift of \$1,000 to any one individual unless the situation is deemed to require extraordinary fund raising efforts.</li> <li>2. Gifts are subject to the availability of funds</li> </ol>
Applicant's MWSL Association Criteria	<ol style="list-style-type: none"> <li>1. Applicants must have completed one full season with the Markham Women's Slo-pitch League (MWSL)</li> <li>2. Must have coached one full season in the Markham Women's Slo-pitch League.</li> <li>3. Must be the spouse or child of an individual who has played or coached one full season in the MWSL.</li> </ol>
Qualifying Reasons	<ol style="list-style-type: none"> <li>1. Dire financial assistance</li> </ol>
Application	<ol style="list-style-type: none"> <li>1. The applicant or a sponsor must have filled out an application in full and have submitted it to the FUND board via the email address on the MWSL website or must have delivered to a member of the FUND Board.</li> <li>2. Application forms are available on the MWSL website.</li> </ol>
Approval	<ol style="list-style-type: none"> <li>1. Gifts will be granted only to applications that have been reviewed and approved by the FUND Board.</li> <li>2. An interview may be required to clarify the application.</li> </ol>

Name of Recipient: \_\_\_\_\_

Recipient's Address: \_\_\_\_\_

Recipient's Tel #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Sponsor(if applicable): \_\_\_\_\_

Sponsor's Address \_\_\_\_\_

Sponsor's Tel # \_\_\_\_\_ Email: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Does recipient know of application: **Yes**   **No**   When are funds needed? \_\_\_\_\_

Date of Application: \_\_\_\_\_

**FOR FUND USE ONLY**

Application # \_\_\_\_\_ Date received: \_\_\_\_\_