

## WHEELS THAT HEAL CAR CLUB CRUISE FOR A CAUSE RECIPIENT APPLICATION

(Only one applicant is selected per year)

All applicants must reside on the Delmarva Peninsula and have a need arising out of a disaster or emergency. Kinds of needs include but are not limited to medical expenses from grave illness or injury, temporary housing due to fire, etc.

Applications will be reviewed until a qualified applicant is selected. Please note that raising these funds takes months as this is the largest donation we make each year. The funds are presented at our Cruise for a Cause on <u>September 5<sup>th</sup></u>.

Date of application:		Are you applying for: (select One)  ☐ YOURSELF OR ☐ SOMEONE ELSE
Applicant's Name		
First:	Middle Initial:	Last:
Street Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email:	Facebook Name:	
Name of person/minor/fa	mily in need:	
Please explain need in as r	nuch detail as possible so	that we can make an informed decision.

Provide attachment if necessary.
Should you be selected, please explain how this money would be used:
If this is a medical need, please provide insurance company name:
Please sign this application for yourself or if on behalf of a minor. By signing this application,
you are authorizing a representative from Wheels That Heal Car Club to obtain more detailed
information, ask questions regarding the person or persons in need and the release of medical
information, if necessary, for the sole purpose of this application.
You authorize Wheels That Heal Car Club to view all social media accounts and do a judicial
search from the Delaware, Maryland, and Virginia Case Search. Any or all of these can be used
in making a decision for the consideration of our donation.
If other than yourself, name and address of person or family in need:
Print Name:
Signature:
Date signed:
After completion, either email to <a href="wheelsthatheal@gmail.com">wheelsthatheal@gmail.com</a> or mail to Wheels That Heal Car
Club, P.O. Box 1754, Salisbury, MD 21802.

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