



APPLICATION FOR CCSF AID

- CARROLL COUNTY SHERIFF'S FOUNDATION -

Please answer all of the following questions to determine your (or your entity's) qualification for aid. Only complete applications will be processed for consideration. Please enter "N/A" in the space provided for any questions that do not pertain to your specific situation.

INDIVIDUAL, INSTITUTION, OR AGENCY INFORMATION

Note: If the individual below is a minor or requires the consent of a power of attorney, please include the guardian, beneficiary, or PoA name as well. For example, "Smith, John A for Smith, John B Jr."

Name (Last, First, Middle)			
Name (Institution or Agency)			
Address (Street, Unit)			
Address (City, State, Zip)			
Phone Number			
Email Address			
First Responder Category (Circle or Check One)	DISPATCHER	LAW ENFORCEMENT	CORRECTIONS
	EMS	FIRE DEPT.	SECURITY
	MILITARY	UTILITY	* OTHER
* If Other, Explain			
Active or Retired			

PRIMARY CONTACT INFORMATION

Name (Last, First, Middle)	
Address (Street, Unit)	
Address (City, State, Zip)	
Phone Number	
Email Address	

Please write below, in detail, the request for aid that pertains to your situation so that it can be thoroughly evaluated and a clear determination can be made on whether to distribute CCSF funds for your cause. Attach any additional pages as needed.

Print Name

Signature

Date

Return Application by Email:
contactus@carrollsf.org

Return Application by Mail:
Carroll County Sheriff's Foundation
P.O. BOX 355
Carrollton, GA 30112