

*Please email check request to: [vp@wingsfoudnation.com](mailto:vp@wingsfoudnation.com)*

<b>Wings Foundation, Inc., Grant Check Request and Summary Form</b>
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Name of WINGS Recipient:

Date:

Base:

AA Employee #:

Email:

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

Set up Direct Deposit? Yes \_\_\_\_\_ No \_\_\_\_\_

Breakdown:

Already Set Up \_\_\_\_\_

1). Health Insurance Amount \_\_\_\_\_

2). Expenses (not to exceed \$1,500.00) \_\_\_\_\_

NEW Recipient: YES \_\_\_\_\_ NO \_\_\_\_\_

Payable to:

Address:

Phone:

Caseworkers: Lead Case Worker Name: \_\_\_\_\_ Second Case Worker Name: \_\_\_\_\_

Brief Description of Illness:

Total Assistance to Date including this Grant:

Summary and Financial Situation:

Respectfully Submitted by (Lead Case Worker/Second Case Worker/TD)

REVIEW DATE: