

## **Statement of Need Form**

| Name (individual):                         |                   |
|--------------------------------------------|-------------------|
| Phone: Email:                              |                   |
| Organization to benefit:                   |                   |
| Your role in project/organization:         |                   |
| Brief description of project to be funded: |                   |
|                                            |                   |
|                                            |                   |
|                                            |                   |
| Amount requested:                          | (maximum \$2,500) |
| Total project budget:                      |                   |
| Funding deadline:                          | _                 |
| Project completion date:                   |                   |



| Please provide any further  | project details of state your case for |
|-----------------------------|----------------------------------------|
| funding and/or the impact   | on honoring, preserving and            |
| promoting the greatest in   | Indiana high school basketball, or     |
| other factors: (you may att | tach documents)                        |
|                             | •                                      |
|                             |                                        |
|                             |                                        |
|                             |                                        |
|                             |                                        |
|                             |                                        |
|                             |                                        |
|                             |                                        |
|                             |                                        |
|                             |                                        |
|                             |                                        |
|                             |                                        |
|                             |                                        |
|                             |                                        |
|                             |                                        |
|                             |                                        |
|                             |                                        |
| Signature:                  | Date:                                  |