



**Indiana Basketball Hall of Fame
Benevolence Fund**

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: _____

