



**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:

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Amount requested: \_\_\_\_\_

Total project budget: \_\_\_\_\_

Funding deadline: \_\_\_\_\_

Project completion date: \_\_\_\_\_



Please provide any further project details or 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 attach documents)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_