

## **Randy Smith Memorial Golf Classic Application for Financial Assistance**

The RSMGC and the distribution of its proceeds are managed within the U.S. Internal Revenue Service guidelines and regulations. Under these regulations all recipients must be a trade show industry professional, or a dependent of a trade show industry professional who is experiencing serious financial need and may be asked to document this condition. Furthermore, the Grant Committee of the RSMGC will make the final selection of recipients based upon the information supplied in this application, and other relevant factors

Please clearly print all answers to the questions below.

**Please also submit color photos (JPG) of the recipient with this application – minimum of 3.**

Date Submitted: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Presenter's Contact information:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Provide the Applicant's relationship to the Exhibition Industry:**

**The Applicant has experienced the following loss or tragedy:**

**The Applicant has experienced the following financial hardship as a direct result of the tragedy:**

**The Applicant requests the following support from the RSMGC:**

- Memorial Only. *Recipient recognized on web site and mentioned at event. No financial assistance necessary.*
  - Financial Only. *Recipient requests financial assistance as soon as possible. Recognition on web site or at event not necessary. Amount of assistance requested is \_\_\_\_\_*
  - Benefactor *Recipient requests financial assistance and recognition as RSMGC recipient on web site, and mention at event. Funds will be available after the event. Amount of assistance requested is \_\_\_\_\_*
  - Featured Benefactor *Recipient requests financial assistance and recognition as RSMGC recipient on web site, and with time at podium at event. Funds available after the event. Amount of assistance requested is \_\_\_\_\_*
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**Affirmation: To the best of my knowledge the above information is true and accurate.**

**Presenter's Signature:** \_\_\_\_\_

Please note: The RSMGC Grant Committee will review this application and may contact the Presenter or the Applicant for verification of the information contained herein, or for additional information.

For more information contact the RSMGC c/o EACA Foundation, 2214 NW 5<sup>th</sup> St, Bend, OR 97703, telephone 541-317-8768. email [jimwurm@eaca.com](mailto:jimwurm@eaca.com).