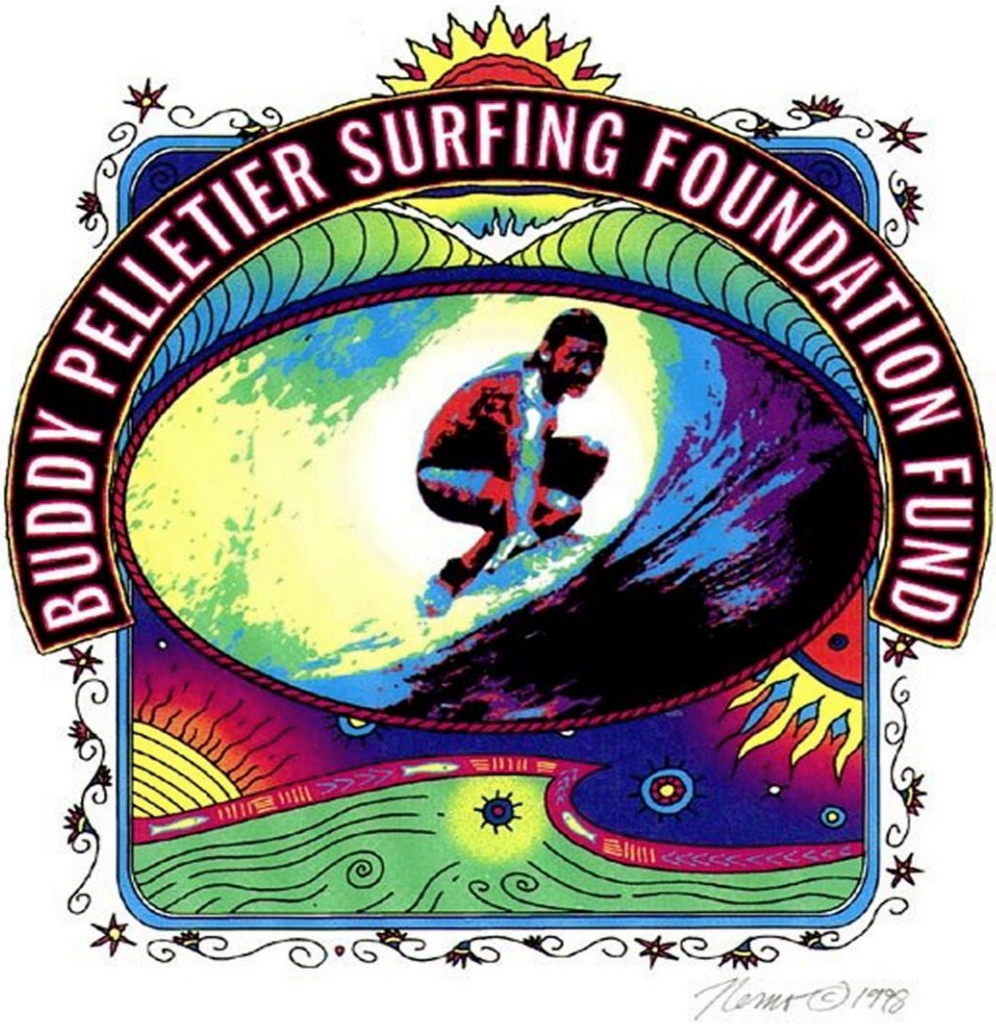

Humanitarian Aid Application

Buddy Pelletier Surfing Foundation
Humanitarian Aid Information

Mission: The Buddy Pelletier Surfing Foundation is to operate for the charitable, educational and humanitarian purposes. It will operate exclusively for these purposes as well as to engage in fund-raising endeavors and to also receive contributions in support of this Surfing Foundation. This Foundation has been established to support the Educational and Humanitarian needs of the East Coast surfing community and its youth.

Eligibility: Humanitarian Aid will be given to eligible members of the East Coast Surfing Community during times of catastrophic need. The Buddy Pelletier Surfing Foundation reserves the right to distribute funds based on need and availability as deemed appropriate by the Board.

Distribution: Humanitarian Aid will be distributed to the individual in need as befits the applicant s situation.

Application Process: Complete the following attached application and submit to:

BPSF
5121 Chalk Street
Morehead City, NC 28557

Phone 252-723-1658
essie@hotmail.com

Information below intended for Foundation use only. Application starts on next page.
.

Date Received: _____ Date Reviewed: _____

Signature: _____
Lynne D. Pelletier

Application Form
Buddy Pelletier Surfing Foundation
Humanitarian Aid Application

Full Name _____

Address_____

State _____ Zip Code _____

Date of Birth _____ Phone #(H) _____ E-mail

Address _____ Phone#(C) _____

Please tell us about your situation and what we can do to assist you.

_____

_____

_____

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Buddy Pelletier Surfing Foundation
Humanitarian Aid Form

Please include the name and contact information of at least two individuals* (non-family members) who can verify and assist the Buddy Pelletier Surfing Foundation in assessing your current situation and how to best address your individual needs. (Examples : Doctor, Clergyman, Local Surf Shop, Etc.)

Name	Phone	Position	Address

*The Buddy Pelletier Surfing Foundation requires a minimum of two additional verification sources. Sources listed above must sign below.

I hereby declare all the above information to be true and accurate to the best of my knowledge.

Applicants s Name _____ Date_____

Signature _____

Witness #1 Name _____ Date _____

Signature _____

Witness #2 Name _____ Date _____

Signature _____

Witness #3 Name _____ Date _____

Signature _____