



## Applicant information

name:  age:

address:

phone:  date:

e-mail address:

## Organization information

organization name:

your position:  years involved:

organization supervisor (if applicable):

organization contact information: (phone):

website:

On an attached piece of paper, please write us a letter explaining why your organization of choice deserves to be recognized and "treated well".

I understand that Treat practices a system of rotated giving. This means if we donate to your organization one year, we may be unable to donate again the following year in order to assist others. Unfortunately, we may receive more requests for support than we can possibly fund. Therefore some requests might experience long wait times or are declined even though they meet our donation requirements.

signed:  date:

Must be signed by parent, guardian, or supervisor over the age of 18.  
Application should be e-mailed to [adie@treatcupcakebar.com](mailto:adie@treatcupcakebar.com).