



WOW Project

"Worthy of a Wish" Project

P.O. Box ♦ 2709 6984 NC Hwy. 711 West Pembroke, NC 28372 ♦ 910-522-5463

Wish Application Form

"The mission of The Lumbee Tribe of North Carolina Worthy of a Wish Project is to honor and enrich the lives of deserving elders through good deeds and wish granting celebrations that unite generations. Our vision is to make our tribal community a nicer place to age."

Please read the Wish Granting Policies including wish recipient requirements and wish type restrictions found on page 4 prior to completing an application.

A. Complete this section if you are requesting a wish for someone else

Wish Nominator Name: _____ Birth Date: _____
Phone # _____ Alt. Phone # _____
Street Address: _____
City: _____ State: _____ Zip: _____
E-mail address: _____
Business name: _____ Title: _____
Business Address: _____
Business phone #: _____ Accept calls at work (circle one) Y N
This applicant is known to me because: _____

B. Wish Nominee Information (person wish is requested for)

Wish Nominee Name: _____ Birth Date: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Cell phone # _____
E-mail address: _____
Annual Income (estimated): _____

Printed Name of Wish Application Recipient: _____
Initials of Wish Requester: _____ Date: _____

E. Please explain why this wish is special to the recipient.

F. List any physical limitations or special needs:

G. Certification

By signing below, I acknowledge that the acceptance by the Lumbee Tribe of North Carolina WOW Project of this application form does not constitute an agreement by the LTNC to fulfill my wish request. If LTNC may be able to fulfill the wish request described above, the Tribal Volunteer Coordinator will contact me.

Furthermore, I certify that the wish recipient meets all eligibility criteria established by LTNC as is more fully described on page 4 and declare that all of the information given by me in this application is true and complete to the best of my knowledge and I agree to inform LTNC in a timely manner if any information in this form changes.

Signature _____
Print Name _____ Date _____

Printed Name of Wish Application Recipient: _____
Initials of Wish Requester: _____ Date: _____

Wish Granting Policies:

Wish Recipient Requirements

- Minimum age of 65 years old or a permanent resident of a nursing home
- Member of the Lumbee Tribe of North Carolina
- Demonstrate financial need
- Documented history of giving back to the community
- Must be cognitively, emotionally and physically capable of communicating and experiencing the wish

All requirements must be met. Proof of age and tribal membership are conditions of this application and must be forwarded with the completed wish application. Other documentation will be requested if needed. ***Special cases may be waived.

Note: Photos may be included and it is understood that they will be posted on the website unless you include specific instructions not to post them. Donors are more likely to help with the wish request when they see photos.

Restrictions on Types of Wishes

WOW Project grants qualify wishes as funding and resources are available. LTNC reserves the right to deny requests for any purpose in conflict with the project mission. LTNC will deny the following types of wishes:

- political or legal in nature
- housing
- bill payments or requests for cash
- medical items including surgery or pharmaceutical items
- physical assets including houses, autos, boats, planes, etc.
- dangerous in nature

Wish Granting Committee Process and Time Line

Wish recipients and requests are qualified by committee decisions. Tribal Volunteer Coordinator holds monthly Wish Committee meetings on the 2nd Wednesday of every month to determine eligibility. Requests must be completed in full including all necessary documentation and are due 3 days prior to a meeting date or they will be pended to the next scheduled month's meeting. We make our best effort to have your response within two weeks following the meeting.

Thank you again on behalf of WOW Project of the Lumbee Tribe of North Carolina for taking the time to complete this wish application on behalf of yourself or another. Please fax completed applications to 910-521-8660 or mail to: PO Box 2709 Pembroke, NC 28372. For more information contact Morgan Hunt Warriax at 910-521-7861 Ext. 261 or mhunt@lumbeetribe.com.

Printed Name of Wish Application Recipient: _____
Initials of Wish Requester: _____ Date: _____