



1-888-823-6967 1572 Montgomery Highway #202 Birmingham, Al 35216 lwcharity.com

Date of Grant Application: \_\_\_\_\_

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

**Name and phone numbers of the following**

Superintendent: \_\_\_\_\_

Phone # \_\_\_\_\_

Principal : \_\_\_\_\_

Phone # \_\_\_\_\_

School Nurse: \_\_\_\_\_

Phone # \_\_\_\_\_

Athletic Director: \_\_\_\_\_

Phone # \_\_\_\_\_

1) Do you presently have an AED(automated External Defibrillator)? \_\_\_\_\_

2) If so, what manufacturer and model? \_\_\_\_\_

3) Do you have a staff member that is *CPR/AED* trained? \_\_\_\_\_

4)Do you have an appointed medical director? \_\_\_\_\_

5) If so, please provide name and phone #. \_\_\_\_\_

\_\_\_\_\_

6) What is your present student enrollment? \_\_\_\_\_

7) Do you have any students that are diagnosed with heart abnormalities? \_\_\_\_\_

8) Do you have individual supporters/booster clubs or civic organizations that might consider contributing to the Lord Wedgwood Charity to supply your campus with a portable EKG machine to screen all students and athletes for heart abnormalities? \_\_\_\_\_

If so, provide name and # \_\_\_\_\_

9) In the future, do you see a need for additional units that will accompany football, band, soccer, baseball, lacrosse, track, cheerleaders, or any other teams/Clubs for protection when away from the school campus?  
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\_\_\_\_\_

10)Please supply names and phone numbers of anyone that may be interested in learning more about The LordWedgwood Charity: \_\_\_\_\_

Please Fax completed form to (205) 823-7817 or email to lance@lwcharity.com