



FAMILY FOUNDATION FUND
Restoring Fatherhood

FAMILY FOUNDATION FUND – BUSINESS MENTORSHIP APPLICATION

The Family Foundation Fund - 4890 Lickton Pike - Nashville TN 37189
FamilyFoundationFund.org - info@FamilyFoundationFund.org
Mailing address: P.O. Box 292724 - Nashville, TN 37229
615-876-7170 - 615-876-5456 Fax

PERSONAL INFO Your name _____ Today's date _____

Full legal name _____ Date of birth _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Email address(es) _____

Home address _____

City, state & zip _____

Number of years at this address _____ Marital status (circle one) Single Married Separated Divorced

If married, number of years _____ Wife's name _____

Do you have any children? YES NO Did your children grow up under your care? YES NO

Children's names and ages (if any) _____

Do you have a valid TN Driver's License? YES NO If YES, license # _____

EDUCATION INFO Circle your last completed year of school 10 11 12 13 14 15 16 Post-grad

High school attended _____

High school city, state & zip _____

College(s) attended _____

College city, state & zip _____

Did you graduate? YES NO If yes, what degree(s) did you earn/receive? _____

CHURCH INFO Church name _____

Church city, state & zip _____

Church phone #(s) _____

How often do you attend church? (circle one) Each week 2-3 times a month Once a month Other

PASTOR INFO Pastor's name _____

Pastor's address _____

Pastor's city, state & zip _____

Pastor's phone #(s) _____

Pastor's email address(es) _____

May we contact your pastor for a reference? YES NO If NO, explain _____

EMPLOYMENT INFO Employer or business name _____

Employer or business address _____

Employer or business city, state & zip _____

Employed from (month) _____ (year) _____ thru _____ present (or) (month) _____ (year) _____

Your title and work description _____

Supervisor's name and title _____

Supervisor's phone #(s) and email(s) _____

COMPLETION INFO If your application is accepted, when are you available to start? Month _____ Day _____ Year _____

I hereby affirm that all of this information is accurate and I have answered all these questions truthfully and honestly to the best of my ability. *Note: We recommend that you make a copy of this application for yourself and mail the original to Family Foundation Fund.*

Sign and print name _____

----- (FFF use only – Do not write below this line) -----

Received by _____ Date ____ / ____ / ____ Church verified Y N References verified Y N

Approved _____ Denied _____ Date to start ____ / ____ / ____ Rev: 03-13-2015