

# Nick Vuono Charity Fund Established 1985

September 18, 2021

Dear Westerly-Bradford Community Members:

The Nick Vuono Charity Fund has a long history of offering resources and support to individuals with special needs and organizations that provide supportive services in the Westerly- Bradford area.

Past awards have included adaptive accessories in homes, adaptive sports gear, playground equipment, bikes, I-Pads, computers, sensory swings, language development programs and other items not covered by insurance.

Awards will not be given for reoccurring living expenses (food, housing, utilities, etc.), debt relief or medical expenses.

If you, a family member, organization or someone you know would benefit from an award, please either copy the attached form or request and submit an application by email to: [nickvuonocharityfund@gmail.com](mailto:nickvuonocharityfund@gmail.com) or mail your completed application to: **Nick Vuono Charity Fund P.O. Box 1004 Westerly, RI 02891.**

All applications must be received by **November 1, 2021.**

Your local charity serving your community,

Paula J. Vuono Martasian  
President of the Nick Vuono Charity Fund

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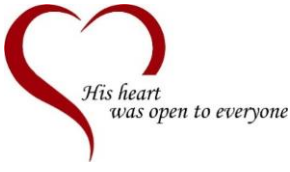
*The mission of the Nick Vuono Charity Fund is to respond to the needs of individuals in the Westerly - Bradford Community who experience cognitive, emotional and /or physical challenges.*

Nick Vuono Charity Fund, PO Box 1004, Westerly, RI 02891

Contact us: [nickvuonocharityfund@gmail.com](mailto:nickvuonocharityfund@gmail.com)



[www.facebook.com/NVCFWesterly](http://www.facebook.com/NVCFWesterly)



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**INDIVIDUAL AWARD APPLICATION 2021-22**  
All Information Must Be Completed

Name of Candidate to Benefit from Award: \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Legal Guardian / Parent (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Name of Person Completing Application if different from above: \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Relationship to candidate: \_\_\_\_\_

If candidate has a legal guardian, legal guardian must sign below.

Item/Amount Requested (estimated cost): \$ \_\_\_\_\_

Please state the purpose for which this award will be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of any previous NVCF award(s) received: \_\_\_\_\_

\_\_\_\_\_

Signature of Candidate (if 18yrs)

\_\_\_\_\_

Signature of Parent or Legal Guardian

**APPLICATION DEADLINE IS NOVEMBER 01, 2021**

Attach any additional information such as documents for medical necessity, insurance denial letter, etc.

