



**Diocese of Upper South Carolina
The Order of the Daughters of the King
Cindy Parrott Memorial Fund
*Confidential Request Form***

Name: _____
(Please Print)

Address: _____
(Street) (City) (Zip)

Email & Phone Number: _____

DOK Chapter & Parrish: _____

I am requesting financial assistance from the Cindy Parrott Memorial Fund to enable me to attend the following DOK event:

Event: _____

Location of Event: _____

Actual Cost to Attend: \$ _____

Amount Requested: \$ _____

Comments: _____

Signature: _____

Please submit your request along with your completed registration form for the event at least 10 days before the registration deadline to allow adequate time for processing. Send to:

Beck Sullivan
8 March Winds Court
Greer, SC 29650-3214
becksullivan1@gmail.com

Documentation &/or Registration form received: _____

Authorized By: _____ Date: _____

Action Taken: _____