



Application for Support

American Mustang School Foundation

Thank you for reaching out to the American Mustang School Foundation. We strive to support individuals and communities through our programs. Please provide the following information to help us assess and respond to your need. All information will be kept confidential.

Section 1: Applicant Information

- **Full Name:** _____
- **Email Address:** _____
- **Phone Number:** _____
- **Mailing Address:** _____

Section 2: Urgency of Need

Please select the urgency level of your need:

- **Urgent:** (Immediate assistance required)
- **Severe:** (Substantial assistance required, but not immediate)
- **Non-Urgent:** (Assistance needed, but not time-sensitive)

Section 3: Description of Need

Please provide a detailed description of your current need and how we can help:

Section 4: Additional Details

Please indicate if any of the following apply to you:

- **Military Veteran**
- **Law Enforcement**
- **Emergency Medical Services (EMS)**
- **Public Servant**
- **Other:** (Please Specify) _____



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Section 5: Additional Information (Optional)

If there is any other information you would like to provide, please include it here:

American Mustang School's Mission:

Promote mental health and wellness through the preservation of the American Mustang Horses.