

For The Second Mile Use Only:

Approved By: _____ Amount: _____ Date: _____



CHILDREN'S FUND APPLICATION

This fund is intended to meet needs which have been unmet by other agencies or community organizations. Please review the questions on the back of this form to determine whether this request falls under the fund guidelines. Also, indicate what avenues you have pursued unsuccessfully, resulting in this ultimate request to The Second Mile. Please provide any information you can to verify that no other help is available.

List the agencies/organizations which have been contacted recently for assistance for this or similar needs:

What was the outcome of the request(s)? _____

Child's Name: _____ **Age:** _____

Address: _____ **County:** _____

Phone Number: _____

Your Name: _____

Position: _____

Agency Name: _____

Address: _____

Phone #: _____ **Fax #:** _____

E-Mail: _____

For what specific need of the child is financial assistance required? _____

Why is this assistance necessary? _____

What is the **amount required** for assistance? _____

If the grant is awarded, to whom should the check be made out? _____

To what address should the check be mailed? _____

Please send this application to the Children's Fund Area Coordinator for your county. (See reverse)

