

## Valley Kid's Foundation, Inc. Community Grant Application

Name of Child \_\_\_\_\_

Name of Parent(s)/Legal Guardian \_\_\_\_\_

Address Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Authorization I agree to provide appropriate photographic images of my minor child to Valley Kid's Foundation and authorize Valley Kid's Foundation to use the name and photographic images of my minor child which are provided by me to the Foundation and which relate to the benefit received.

I further authorize Valley Kid's Foundation to review my personal federal tax returns.\*

TERMS AGREED TO \_\_\_\_\_  
Signature of Parent/Legal Guardian

Date \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ (please attach a summary of what you're requesting funding for, why you are unable to fund yourself, and how it will benefit your child/family).

### Valley Kid's Foundation Decision

Amount \$ \_\_\_\_\_  **Approved**  **Not Approved**

\* Please provide copies of your personal federal tax returns for the last two years and return with this application. Please black out any sensitive information such as social security numbers or banking information prior to submission.

Your completed application and supporting documents can be mailed to Valley Kid's Foundation, Inc., c/o Greg Gill, 501 S. Nicolet Road, Appleton, WI 54914.