

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.