



FUNDING REQUEST FORM

Individuals and Families

Assistance can be requested by or for those dealing with a chronic or life threatening illness.

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Who are you requesting assistance for: _____

Dollar amount/assistance you are requesting: _____

Your relationship to that individual or family: _____

Please indicate address of individual or family if different than listed above:

Have you previously applied: Yes No

Last date you applied: _____

Dollar/assistance previously received: _____

Please provide a BRIEF description of the individual or family you are requesting assistance for:

Please describe how the assistance/funds will be utilized:

Additional Comments:

To be considered for funding please return this form to:

Valley Kids Care Foundation, 9522 Emerald Hill Drive, Sauquoit, New York 13456 or E-mail to: Info@ValleyKidsCare.com

*Please note that if your application is accepted, proof of use of funds may be requested.