**Directions:** Fill out this form electronically or print it.
Then, submit the form via email to: kindred.kaap@gmail.com

|  |  |
| --- | --- |
| Applicant Name |  |
| Recipient Name *if different* |  |
| Organization *if applicable* |  |
| Address |  |
| City/State/Zip |  |
| Home Phone |  | Cell Phone |  |
| Email |  |
| Today’s Date |  |
|  |
| Amount Requested or Desired | $ |
|  |  |
| Intent, Purpose, or Reason for Request:Include date funds are needed by, and any other details that will help KAAP understand your request/need. Attach a page if needed.  |
|  |