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

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| --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | | |
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