

CKF GRANT APPLICATION FORM

Name of organization or individual: _____

Contact name: _____

Address: _____

Phone: _____ Email: _____

Are you a registered non-profit?: Y N In which state are you registered?: _____

Is this a planned or an existing organization/charity? Planned _____ Existing _____

For the following questions, feel free to include additional sheets as needed.

Describe the nature of your business, organization or charity and how it relates (or will relate) to intellectual disabilities:

Describe how you, your business or organization would benefit from a CKF grant:

Are resources available (web sites, printed literature, business plans, etc) that can help us learn more about you and/or your organization? Please explain and include any web links, etc. (Additional literature can be mailed with a printed form or attached to e-mail):

Anything you'd like to add?

Applications will be reviewed by the awards committee. Further information may be requested from potential candidates before a grant decision is made.

Forms may be sent as an attachment via e-mail to: CKFgrants@TheChildKing.com

Forms may also be printed and mailed to:

The Child King Foundation

PO Box 6333

Boston, MA 02114