

EVERY KID! PLAYS! SPONSORED BY ADEL KIWANIS

APPLICATION FOR ASSISTANCE

Child's Name: _____

Parent's Name: _____

Address: _____

Parent's email: _____

Child's Age: _____

Activity: _____

Cost of activity including entry fees and uniforms: \$ _____

Amount of Aid Requested: \$ _____ (not to exceed \$200)



Organization Information (typically checks will be made out to this organization)

Name of organization running activity _____

Address of organization running activity _____

Reason for Assistance - ALL INFORMATION WILL REMAIN CONFIDENTIAL

Return Applications to Adel Kiwanis, PO Box 161, Adel, Iowa 50003 or Email
Chris.V.Anderson@mcgladrey.com