**Times-Kiwanis Camp Fund Grant Application**

Kiwanis Club of Trenton

P.O. Box 7455

Trenton, NJ 08628

Name of Applicant Organization: Click here to enter text.

Street Address: Click here to enter text.

Town: Click here to enter text. Zip Code: Click here to enter text.

Camp Site Address: Click here to enter text.

Phone: Click here to enter text. Fax: Click here to enter text.

CEO/Executive Director: Click here to enter text.

Contact Name: Click here to enter text. Contact’s Title: Click here to enter text.

E-Mail: Click here to enter text.

Has your agency received a Times-Kiwanis Camp Fund in the past four years? Yes [ ]  No [ ]

 If yes, in what years? Click here to enter text.

Narrative (Please limit responses to a maximum of 300 words for each answer)

1. Please describe how your agency would use the funds provided by this grant. Click here to enter text.
2. If you would use the funds to provide scholarships, describe the selection criteria. Click here to enter text.
3. If you would use the funds to provide individual camp scholarships, describe whether the scholarships would pay for a week of camp in full or a percentage of the cost (include percentage). What is the cost of a week at camp? Click here to enter text.
4. Describe the camp experience that your camp provides. Click here to enter text.
5. Describe how you accommodate children with special needs. Click here to enter text.

I certify that the information contained in this application, including all attachments, is true and correct to the best of my knowledge and that all funds received by this organization from the Kiwanis Club of Trenton will be used as outlined in the above proposal. I understand that submission of an application does not guarantee funding.

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Signature Date

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Typed Name of CEO/Executive Director

 *Submit completed application by August 31*