

21st Century Fund for Delaware's Children, Inc.
Application for Funds

Date of Application: _____

Name of Child/Youth: _____
(For whom assistance is being sought)

D.O.B. _____
(Month/day/year)

Name of Parent/Guardian of child listed above: _____

Address: _____ Phone No.: _____

Name of Applying Organization Worker: _____

Name of Applying Organization: _____

Address: _____ Phone No: _____
_____ E-mail address: _____

Service/Item Need:

Describe the service or item being requested: _____

Location/Source of service or item: _____ (store, catalog, business, etc.)

Describe the need or strength(s) to be addressed: _____

Fund Request:

Amount being requested: \$ _____ (up to \$100, subject to availability)

List other agencies contacted for assistance (if requested amount exceeds \$100.00): _____

Make funds payable to: _____

Signature of Social Worker/Agency Worker: _____

FOR OFFICE USE ONLY:

Name of Authorized Approving 21st Century Fund Worker: _____

Signature of Approving 21st Century Fund Worker: _____

Date of Application Approval: _____