

The Maria Fund

Application for Financial Assistance

Name of Foster Family: _____ Date of Request: _____

Phone: _____

Address: _____

Name of Person Making Request (if different from above): _____

Complete Only If Requesting Funds for Specific Child(ren)

Name of Child: _____ DOB: _____

Caseworker: _____ Agency: _____

Phone: _____ Date of Placement: _____

Name of Child: _____ DOB: _____

Caseworker: _____ Agency: _____

Phone: _____ Date of Placement: _____

Name of Child: _____ DOB: _____

Caseworker: _____ Agency: _____

Phone: _____ Date of Placement: _____

Name of Child: _____ DOB: _____

Caseworker: _____ Agency: _____

Phone: _____ Date of Placement: _____

Any previous requests made? No Yes, please indicate the date and type of request: _____

Amount of money being requested: \$ _____

Please provide a description of the item(s) needed and/or reason for the request:

Please attach an invoice and/or additional documentation indicating the cost

Indicate any resources that have already been investigated for possible funding: _____

Is partial funding available? No Yes, from: _____

Name and address check is to be mailed to: _____

**Return this application to: The Maria Fund Committee, Kids Crossing Colorado Springs
1440 E Fountain Blvd, Colorado Springs, CO 80910
Fax: (719) 632-6573 email: epirotte@kidscrossing.com**

By completing this application, I/We understand the request may not be fulfilled. I/We have been advised of the application and selection process and are aware any subsequent requests will require the completion of a new application.

By signing below, I/We understand that any money granted by The Maria Fund will only be used for the purpose stated in this application.

Signature of Person Making Request

Date



Date of Review: _____

Approved

Denied

If applicable, reason for denial: _____



Amount of Funding to be provided: \$ _____

Committee Member Signature