

All sections must be completed in order to be considered

Page 1-2 to be filled out by a Coach/Park Board Member/Volunteer/Pastor/Teacher/Guidance Counselor/Social Worker

Page 2 to be filled out by Parent requesting assistance

All pages must be completed and returned together by the person completing pages 1-2 to: help@davekrache.com

Info about person completing this form (Coach/Park Board Member/Volunteer/Pastor/Teacher/Guidance Counselor/Social Worker)

Name of Board Member/Volunteer: _____ Number of years at park/league: _____

Phone Number: _____ Email address: _____

Park/League/Organization/School: _____ County: _____

Information about Parent completing page 2

Name of person requesting assistance (adult's name for child requesting funds): _____

Home Address: _____

Phone Number: _____ Email address: _____

Child's initials (first and last only, used for Foundation reference): _____ Age: _____ Grade: _____

Child's School: _____ Name of park/team/league child wishes to join: _____

Sport child wishes to play: _____ Season/Year of sport: _____

Is this the first time family has asked for assistance? _____ If no, has this person *received* assistance before?
(provide details)

How many years has this child been involved in this sport at this park/league/organization? _____

How many years has the family been involved in volunteering at this park/league/organization? _____

What is the total cost of registration for the season? \$ _____

What is the minimum amount required to allow the child to play? \$ _____

What minimum amount is being requested of the DKF? \$ _____

NOTE: If possible, these amounts should not be the same. If the organization/league is unable to discount the fee due to financial hardship, we encourage the parent to commit an amount towards the total.

Occasionally, The Dave Krache Foundation receives equipment donations. Would this child be in need of equipment?

_____ If so, what type of equipment? _____

If the Foundation is able to provide assistance, what organization/league name should the check be made out to?

Organization name: _____

Where should the payment be mailed?

Address: _____

City: _____, GA Zip: _____

What should be referenced in the check memo line? _____

Please verify this information with the organization/league. The Dave Krache Foundation is not responsible for checks mailed to wrong addresses and funds may not be available should a request be made for a check to be reissued.

Please allow 5-7 days for the check to be received once issued.

This form has been completed to the best of my knowledge. I understand that this form will be used for Foundation purposes only, and that I am not guaranteed full funding for the requested individual. I understand that I will be contacted within 3 business days with the decision of the Foundation, and that all checks from the Foundation will be made out to the Park/League/Organization directly to be credited to the child's owed fees. I understand that if the child decides not to register after monies have been received, the Foundation shall be reimbursed.

Print Name

Sign name

Date

Role/Title

Page 2 of 2: Parent/Guardian Questionnaire (Required)

To be completed by parent or guardian of child.

Parent or guardian must return this page to the person who completed page 1.

Approval of request may not be granted until both pages are received by Foundation.

For the below questions, please understand that we need as much information as we can in order to help as many children as possible. We will not share your information outside of the Foundation and your answers will help the Foundation focus on where kids need the most help and also be used for statistical purposes in our fundraising efforts. Thank you for answering these questions.

Please answer as detailed as you feel comfortable.

Name of **park representative** completing application that matches to this questionnaire: _____

1. What is the reason that you are asking for The Dave Krache Foundation's assistance? (check as many that are applicable)

- Unemployment of parent
- Unexpected medical bills/illness of family member
- Separation/divorce
- Natural disaster/family displaced from home
- Other _____

2. Have other Foundations, Organizations, or Individuals assisted your family financially in the past or do so currently?

No _____

Yes, in the past _____ Please list those groups: _____

Yes, currently _____ Please list those groups: _____

3. Does your child play other sports, other than for which funds are being requested? (circle one) YES NO

If you circled "yes," what other sports does your child play? _____

4. What is your home zip code? _____

5. How many children (under the age of 18) live in your household? _____ What are their ages? _____

6. How many adults over the age of 18, including yourself, live with you? _____

7. Email address: _____

Please check what you would like to be contacted for:

- Foundation event notifications
 - Foundation volunteer opportunities
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This questionnaire has been completed to the best of my knowledge. I understand that this form will be used for Foundation statistical purposes.

Print Name

Sign name

Date

Return completed questionnaire to the person who filled out pages 1-2 and have them email all 3 pages to:

help@davekrache.com