



The Children's Fund Scholarship Application Form

Applicant Information

Child's Full Name:	
Child's Age:	
Requestor Name:	
Requestor Phone Number/ Email:	
Activity Requested:	
Date or Length of Activity:	
Benefit of Activity:	
Child's Zip Code:	
Additional Comments:	

Adverse Childhood Experiences (ACEs)

(Please identify the number of ACEs the child has experienced.)

1 2 3 4 5 6 7 8 9 10

Payee Information

*Note: An invoice, document or website link outlining itemized charges **must** be submitted with the application form.

Payee Name:	
Payee Address:	
Dollar Amount Requested:	
Payee Contact Name:	
Payee Email or Website Address:	
Payee Telephone Number:	

(Please submit applications to: info@ourchildrensfund.com)