



The Children's Fund Scholarship Application Form

Please submit applications to: info@ourchildrensfund.com

Child's First Name, Last Initial	
Child's Age	
Child's Zip Code	
Requestor Name	
Requestor Email	
Activity Requested, Cost	
Organization Name, Website	
Benefit of Activity	
Date or Length of Activity	
If longer than 3 months, are you willing to share an update? Who should we contact?	
Additional Comments	

Adverse Childhood Experiences (ACEs)

Please identify the number of ACEs the child has.

1 2 3 4 5 6 7 8 9 10

Payee Information

The Children's Fund will strive to make payment within 1 week of application approval.

The contact information for the person expecting payment must be included below.

We are not responsible for registering the child for the activity.

Payee Name	
Payee Email Address	
Payee Telephone Number	