



## GRANT APPLICATION

Application to be completed in full. All information will be treated confidentially.

### CHILD'S INFORMATION

Child's Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male  Female   
(day/month/year)

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Have you applied to the McAfee Foundation within the past year for this child? Yes  No

### FAMILY INFORMATION

Single Parent Family  Two Parent Family  Number of Children living with you: \_\_\_\_\_

Please tell us about your family situation and why these funds are needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FUNDING INFORMATION

Please identify the reason which you are requesting funding \_\_\_\_\_

Total Funding Needed? \$ \_\_\_\_\_

What amount can your family contribute? \$ \_\_\_\_\_

Other funding you are receiving for this reason? \$ \_\_\_\_\_

Amount requested from The McAfee Foundation \$ \_\_\_\_\_

### INCOME VERIFICATION

Attach current verification of ALL sources of family income. Examples may include:

>Copy of paystub(s)

>Child and/or Spousal Support

> Any workers compensation and/or disability benefits received

Applications accepted by mail, fax, e-mail, or in person

Contact us: Phone: 937-281-2442 Fax: 937-438-1919

E-Mail: [info@mcafeefoundation.com](mailto:info@mcafeefoundation.com) Web: [www.mcafeefoundation.com](http://www.mcafeefoundation.com)

Mailing address: 4770 Hempstead Station Dr., Kettering, OH 45429



**RELEASE OF INFORMATION/WAIVER**

I/We agree that the McAfee Foundation may make inquiries to confirm or clarify any of the information provided as part of this request.

I/We hereby state that the above information and all supporting documentation is accurate.

I/We understand that the McAfee Foundation has the right not to grant any or all of the funds requested.

I/We further acknowledge that the McAfee Foundation provides funding only.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IN PARTNERSHIP WITH:**



**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Family Income: > \$22,000  \$22,000 - \$40,000  <\$40,000

Previous total funding this year: \_\_\_\_\_ Recommended Funding : \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorization: \_\_\_\_\_

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