



KAILEY ELIZABETH JORDAN MEMORIAL FUND



GRANT APPLICATION FORM

DUE MARCH 09, 2018

The purpose of the KAILEY ELIZABETH JORDAN MEMORIAL FUND is to award grants in Kailey's memory to accredited Michigan horse camps to allow Michigan handicapped or terminally ill children (ages 16 and under) who love horses and who would benefit from therapeutic horseback riding.

Date of Application: _____

APPLICANT INFORMATION

Applicant Name: _____

Applicant's Guardian(s): _____

Address: _____

City, State and Zip: _____

Phone Number: _____ Best Time to Call: _____

Email Address: _____

Age of Applicant: _____

Specific Disability and/or Limitation: _____

HORSE CAMP INFORMATION

Horse Camp Name: _____

Contact Person(s): _____

Address: _____

City, State and Zip: _____

Phone Number: _____ Best Time to Call: _____



KAILEY ELIZABETH JORDAN MEMORIAL FUND



GRANT APPLICATION FORM

DUE MARCH 09, 2018

Date(s) of Camp: _____ Total Cost of Camp: \$ _____

Amount Requested: \$ _____

Total annual family income (adjusted gross income from most recent tax return): \$ _____

Please attach a 100 to 500 word essay describing how therapeutic horseback riding will benefit the applicant's specific disability. This essay may be completed by applicant and/or guardian. Financial need will also be considered. If awarded, grant checks will be mailed directly to the horse camp on behalf of the recipient.

PLEASE RETURN THIS APPLICATION WITH YOUR ESSAY TO:

**Shiawassee Community Foundation
217 North Washington Street, Suite 104
P.O. Box 753
Owosso, MI 48867**

FAX: (989) 720-7429 E-MAIL: lisa@shiacf.org

If you have any questions, please call (989) 725-1093

E-mail us at Carol@shiacf.org or Lisa@shiacf.org