



The Dave Krache Foundation

Request for Financial Assistance Form 2019 Requests

All fields must be completed in order to be considered

Pages 1-2 to be completed by Parent/Guardian (Required)

Page 3-4 to be completed by Coach/Teacher/Social Worker (Required)

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 getting in touch with us and we hope to help your child play soon!

After completion of pages 1-2, save the editable .pdf and email it to your contact to complete pages 3-4. They will return the completed packet to help@davekrache.com

Parent Name (First and Last): _____

Home Address: _____

City: _____ Zip code: _____

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: _____

Date registration closes: _____

Have any 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: _____

Does your child play other sports, other than for which funds are being requested? YES NO

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

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

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

Please explain why you are requesting Financial Assistance.

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

What amount is the parent/family contributing? \$ _____

Is fundraising involved to cover the balance? YES NO

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

Occasionally, The Dave Krache Foundation receives equipment donations.

Would this child be in need of equipment? YES NO

If yes, what type of equipment? (include sizes if applicable) _____

Please check what you would like to be contacted for:

Foundation volunteer opportunities

Testimonial that can be anonymously shared online

Pages 1 and 2 of this Request for Financial Assistance have been completed honestly and truthfully and to the best of my ability.

Print Name

Sign name

Date

If you are a parent/guardian completing this application, please stop here. Save the form electronically and email the attachment to your coach/teacher/social worker for them to complete pages 3-4. They will submit the complete application to help@davekrache.com

Page 3-4 to be completed by Coach/Teacher/Social Worker (Required)

Name of Coach/Teacher/Social Worker: _____

Number of years at park/league: _____

Title / Role: _____

Phone Number: _____

Email address: _____

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

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

Does the family volunteer at this park/league/organization?

Yes (currently or in the past)

No

How long have you known the family? (indicate days, weeks, months, years) _____

Have you validated the information supplied on pages 1-2? YES

(This is important – you are our eyes and ears in the community!)

Is this the first time the family has asked for assistance that you are aware of? YES NO

If no, has this person *received* assistance before? (provide details)

Regarding the family's inability to pay 100% of the fees: Is this a short-term situation or a long-term situation that the family faces?

Short-term situation

Long-term situation

Please explain the family's situation in your own words:



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

Please verify this before submitting! This cannot be changed once the form is submitted. If a check is mailed to an inaccurate address, a check may not be re-issued until the original is returned, delaying timely registration payment.

Organization name: _____
(the check will be made out to this organization)

Where should the payment be mailed? (NO HOME ADDRESSES)

Address: _____

City: _____, GA Zip: _____

What should be referenced in the check memo line? _____

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. I understand that the application may receive partial, full, or no funding, and that the decision of the Foundation's Board is final. 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

*Please verify that all 4 pages have been completed.
Save the form electronically and submit the complete application to help@davekrache.com
Handwritten or partial applications cannot be accepted*