



Community Giving Application for Funds

We are excited for the opportunity to review your request to support children's activities in our community! The completion of this form is required by any individual or team seeking funds for children's or teenage activities. Our staff will review and consider complete applications during our monthly review sessions. Upon the completion of the review process, the applicant will be notified via email. All awards will be posted quarterly on our website.

Thank you for taking the time to fill out this application!

Today's Date

Applicant's Name:

Parent's Name:

Daytime Phone Number:

Email Address:

Organization Name:

Dollar Amount Requested:

Please make check out to:

Send check to the following address:

Event Date(s):

Other Funding Sources:

Funding Deadline:

Description of Event or Organization needing funds and why:

Fales Pediatric Dentistry patients participating in event or organization: