

Jason Kinzler Family First Foundation

Application for Assistance

The Jason Kinzler Family First Foundation exists to provide guidance, support, financial assistance and general charitable relief to or for the benefit of families with minor children, who have unexpectedly lost one or both parents through sudden death. We ask that you complete this application as fully as possible so that our board can determine what assistance the Foundation may be able to provide to you and your family.

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (County) (State) (Zip)

If your home address is not located in West Michigan, please explain your ties to the area:

Phone: _____
(home) (cell) (work)

Name(s) of Deceased: _____
(Last) (First) (Middle)

(Last) (First) (Middle)

Date(s) of Death: _____

Ages of Minor Children in your Household:

#1 _____	Your relationship to child _____	% of care you provide to child _____
#2 _____	Your relationship to child _____	% of care you provide to child _____
#3 _____	Your relationship to child _____	% of care you provide to child _____
#4 _____	Your relationship to child _____	% of care you provide to child _____

Are the children U.S. Citizens? Yes No **Was the deceased a U.S. Citizen?** Yes No

What type of assistance are you seeking? (Please check all that apply.)

_____ Funeral related expenses (Amt. requested \$ _____)

_____ Mortgage payment (Amt. requested \$ _____ and duration _____)

_____ Car payment (Amt. requested \$ _____ and duration _____)

_____ Health insurance premium (Amt. requested \$ _____ and duration _____)

____ Groceries/food (Amt. requested \$ _____ and duration _____)

____ Critical car repair (Amt. requested \$ _____)

____ Critical home repair (Amt. requested \$ _____)

____ Home security system installation (Amt. requested \$ _____)

____ Home security monitoring (Amt. requested \$ _____ and duration _____)

____ Child care costs (Amt. requested \$ _____ and duration _____)

Please describe in more detail the type of assistance you are requesting and why:

Please provide details, including dollar amounts, of other means of support you have. Include all sources of funds including wages, expected life insurance proceeds, social security income, disability income, government assistance, help from family/friends, etc.

By signing below, the Applicant understands and acknowledges that the Foundation may require additional information in determining the amount and duration of support it may be able to provide. Applicant acknowledges that the distribution of any support will be pursuant to the vision and mission of the Foundation, based upon the contents of the Foundation's governing guidelines and upon approval by its Board of Directors.

The Applicant understands that in order to maximize the benefit provided, the Foundation may be required to release information contained in this Application to various sources for purposes of advertising, soliciting donations and coordinating fundraisers. The Applicant hereby consents to the release of any information the Foundation obtains through this Application or through any other source and agrees to indemnify and hold the Foundation harmless for the content of that information.

Signature of Applicant

Date