**Melly Kinnard Mental Health Fund: Application Form**

**Club Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Leader:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Application:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact information:**

 **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Description** (What will be done? What outcomes do you envision? Who will be involved? Start and end dates? Total cost of the project? Describe volunteer activities, if any)

**How much cash has the club contributed to this project?** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Club cash contribution will be matched up to $1000.)

**Please provide instructions for mailing the check:**

**Payable to:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Must be either the club or the club’s foundation, not a 3rd party.*)

**Mailing address:**

Submit application to Bill Farrow (whfarrow@outlook.com)

Revised 11 12 2024