

KENDLE'S KREW INC

GRANT APPLICATION FOR INDIVIDUALS, **HALL COUNTY**

KENDLE'S KREW INC.

WWW.KENDLESKREW.COM/KENDLESKREW@GMAIL.COM



"Changing the World
One Kick at a Time"

HALL COUNTY INDIVIDUAL APPLICATION

GRANT APPLICATION

Who may apply?

These grants are available to families/individuals who are living with a disability, or to 501(c)3 organizations who assist individuals with physical and/or intellectual disabilities. For individuals/families, the grants will be paid directly to the organizations providing assistance. For 501(c)3 organizations, grant funds will be distributed directly to the organization.

Individuals applying for this scholarship must:

- Provide 2 letters of recommendation from physicians and/or occupational/physical/speech therapists.
- Submit and invoice or an itemized estimate of cost for equipment requested.
- Submit vendor information as funds will be paid directly from Kendle's Krew to the vendor. ***Individual applicants will not receive a check.
- Have a primary address in Hall County, Georgia.

What is the amount of the scholarship?

The grants to be awarded will provide up to \$10,000.

What is the process?

- Download the application, complete all sections, sign it and return to kutch51@gmail.com.
- Applications will NOT be considered in the order in which they are received. All applications will be considered at the same time.
- All applications must be emailed to kutch51@gmail.com by August 8, 2026.
- **All scholarship monies must be utilized for purposes stated within one year from notification date.**
- **The recipient must respond to Kendle's Krew Inc. within 1 week of notification of grant (notifications will occur via phone call and or email).**

Guidelines

- The funds awarded must be used to directly benefit individuals with physical or intellectual disabilities.

Kendle's Krew Inc will make every effort to remain objective during the process for determining the recipient of the grants awarded; therefore the first two pages of this document which contain all personal identification information will be removed and the application will receive a number code. Throughout the rest of the determination process the application will be referred to only by the number code. It is essential for purposes of objectivity and confidentiality that in filling out the remainder of this application **names or other identifying information be left out.**

INDIVIDUAL/FAMILY INFORMATION HALL COUNTY			
Applicant Name:	First:	Last:	Applicant's affiliation with beneficiary:
Street Address:		Apartment/Unit #:	
City:			State:
Phone:	County:		ZIP:
Name of individual benefitting from this grant:			
Does the individual benefitting from this grant live in your household? YES NO			



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PLEASE NOTE: DO NOT USE NAMES IN THIS SECTION

If you are requesting equipment, PLEASE include description of equipment with model numbers and pricing.

What will you do with the grant money? **Please be as specific as possible and attach additional sheets if necessary.**

How will this grant benefit the applicant?

Have you applied for additional grants to fund this project? YES NO

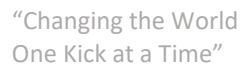
If yes, what grant did you apply for?

How much money would that grant provide?

Have you received a decision? YES NO

If yes, were you approved? YES NO

If no, what is the expected date of their decision?



All information included in this application is confidential and for use only during consideration for Kendle's Krew Inc. process. Please keep a copy for your records.

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