

KENDLE'S KREW INC

GRANT APPLICATION FOR INDIVIDUALS

KENDLE'S KREW INC.

WWW.KENDLESKREW.COM/KENDLESKREW@GMAIL.COM



"Changing the World
One Kick at a Time"

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.

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 kendleskrew@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 kendleskrew@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			
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			

