

**MAUGANSVILLE RURITAN CLUB
KEVIN'S FUND ASSISTANCE APPLICATION**

Details of Request:

(Use back of application if additional space is needed)

GENERAL INFORMATION *(Please Print)*

Parent/Guardian: _____ Phone # _____

Child's name: _____ Child's Birthdate: _____

Address: _____ Apt. #: _____

City: _____ State: MARYLAND Zip Code: _____

Marital Status: S ___ M ___ D ___ W ___ Number of Dependents: _____ Ages: _____

Currently Employed: Individual #1: Yes ___ No ___ Individual #2: Yes ___ No ___

Employer's Name #1 _____ Phone # _____

Employer's Name #2 _____ Phone # _____

Do you have medical insurance through your employer? Yes ___ No ___

Name of Insurance Company: _____

Is the applicant covered through Medicare or Medicaid? Yes ___ No ___

Is the applicant/family receiving assistance from any other source for this request? Yes ___ No ___
(Example: family, church, any other service organization) If yes, explain below:

Explanation: _____

(Use back of application if additional space is needed)

I hereby certify that the above information is true and correct to the best of my knowledge:

Parent/Guardian Signature: _____ Date: _____

Please Note: Kevin's Fund applicants must be 21 years of age or younger residing in Washington County, Maryland. Before any decision is made, a follow-up interview will be conducted. Incomplete applications will not be processed. Thank you.

Revised 12/11/23