

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

Details of Request: _____

Approximate cost and where to obtain the item being requested: _____

(Use back of application if additional space is needed)

GENERAL INFORMATION *(Please Print)*

Parent/Guardian *or* Organization: _____ Phone: _____

On behalf of Child/Applicant: _____ Birthdate: _____

Contact Person, if Organization: _____ Phone: _____

If Organization: TEIN # _____ - _____

Address: _____ Apt. #: _____

City: _____ State: MARYLAND Zip Code: _____

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

Currently Employed: Individual #1: Y ___ N ___ Currently Employed: Individual #2: Y ___ N ___

Employer's Name #1: _____ Employer's Phone: _____

Employer's Name #2: _____ Employer's Phone: _____

Do you have medical insurance through your employer(s)? 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 ___ N ___

(Example: family, church, food bank, WIC, any other service organization) If yes, explain below:

Explanation: _____

(Use back of application if additional space is needed)

Have you previously been assisted by Kevin's Fund? Yes ___ Date: _____ No ___

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

Parent/Guardian *or* Organization Rep. 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.