

Kid Kindness Grant Application

1. Applicant Name: _____ Age: _____

2. Name of Adult Supervising the project: _____

3. Phone Number of Adult Supervising this Project: _____

4. Email Addresses for applicant (if available) and adult supervisor.

Applicant Email: _____

Supervisor Email: _____

5. Name of School: _____

6. Name of your Kindness Project: _____

7. Grant amount you are requesting (*Individuals may request up to \$150, groups may request up to \$300*)

8. Please describe in detail what your Kindness Project will entail
(what will you do to spread kindness? Who will benefit from your project?):

9. Please list, via line item, what you will use the funds you are requesting for (*please attach a separate sheet*).

10. Please explain, in detail, why you want to do this Kindness Project. Where did you get the idea?
What impact do you think this project will have on your school/community/etc :

10. Is there anything else you think we should know about you, your group, or your project?



Please email forms to: Info@KindnessGrowsHere.com with the subject: Kid Kindness Grants or mail to:
Kindness Grows Here, Inc
2307 Sebastian Ct. Gambrills MD 21054

By submitting this application you agree to abide by all the rules and expectations of this Grant Application process as detailed on the Kindness Grows Here, Inc. web page. You agree to use any funds granted to you for the sole purpose indicated on this form. And you agree to complete a follow-up report for Kindness Grows Here, Inc once your project is complete.