



2023 KPF GRANT OPPORTUNITIES | REFERENCE SHEET

This document is for review only and is to be used as a worksheet. All applications must be submitted digitally through kylepeasefoundation.org.

Please email Grants@kylepeasefoundation.org with any questions.

Applicant's First & Last Name

Applicant's Gender

Applicant's Ethnicity

Applicant's Email

Applicant's Address

Applicant's Phone (Primary)

Applicant's Phone (Secondary)

Please provide social media accounts for the applicant

Guardian's First & Last Name

Guardian's Email

Guardian's Address

Guardian's Phone

Guardian's Relationship To Applicant

Household Annual Income

Please provide your official medical diagnosis or any additional information

Please upload a file of proof of medical diagnosis (file upload)

How would you (the applicant) describe your disability?

Please tell us a little more about yourself (interests, what inspires you, and your goals).

Tell us about a time when you did not let your disability stand in the way of a goal and/or event

How does your disability impact you?

Tell us about your family or your immediate support system

How did you hear about The Kyle Pease Foundation?

In what year did you begin participating in KPF events?

Share with us two of your favorite KPF memories

What would you tell others when you're talking about KPF?

If selected, how you use the grant funding? Please explain the project and/or need for the funding.

Have you received and/or have pending applications for any other grants to support your needs?

If yes, from whom and how much have you received? Please be prepared to submit additional documentation and additional information to the grant committee. Withholding this information will result in disqualification from the grant process.

What is the total estimated cost for your project?

Please provide estimates and/or receipts of your project and/or need. (Optional, if they don't have it at the time of application. Required if selected for an interview)

Do you understand that it is required to submit these estimates to the grant committee? If you don't have the estimate, please select the appropriate option below.

If unable to fund the entire project, what is your potential plan to make up for the additional funding?

I understand that if selected, I am only to receive the awarded funds set at the time by KPF. For any additional funding, KPF is not required and/or expected to compensate for the difference.

Do you have an active fundraiser in process in support of this need?

Please provide a link to your fundraiser.

If awarded a KPF Annual Grant, how would this impact your quality of life?

If awarded a KPF Annual Grant, there is a requirement to be engaged with KPF events, and to participate in: -2024 & 2025 Publix Atlanta Half Marathon - Two local approved racing events This is for the next two years. Is this something you (and your family/support system) are willing to commit to?

Please use this space to provide any additional information you feel is important for the grant committee to know about you, your family and/or your project goals

Any additional questions or comments?