**Kids Helping Kids Fund**

**Background**

Kids Helping Kids is a project of the Missouri State 4-H Council and the Missouri 4-H Foundation. It is an annual campaign that allows 4-H members and families to give back to 4-H. When a 4-H member is in need, we want them to know that Missouri 4-H cares.

Kids Helping Kids seeks contributions from 4-H members, 4-H families, 4-H alumni, and 4-H clubs. The contributions are primarily used for major disasters such as a flood, tornado, loss of home due to fire, or serious illness. When disaster strikes, no matter how large or small, Kids Helping Kids will be there!

**Who may apply for grant funds?**

Grant requests may be for an individual 4-H member or a 4-H family.

**Grant limitations and deadlines**

Grants are limited to $100 for an individual and $300 for a family. There is no deadline to apply. Applications must be completed electronically and submitted to Bradd Anderson at andersonb@missouri.edu.

**Kids Helping Kids Grant Application – Part 1**

**Eligible applicants:** Requests may be for an individual 4-H member or a 4-H family.

Email completed applications to Bradd Anderson at andersonb@missouri.edu

**Only electronic forms will be accepted.**

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| --- |
| **Name of 4-H faculty or staff member submitting request:** |
|  |

**If this is for a 4-H Family Group:** list the name and age of each family member.

|  |  |
| --- | --- |
| **County:** |  |
| **4-H Club:** |  |
| **Name:** |  | **Age:** |  |
| **Name:** |  | **Age:** |  |
| **Name:** |  | **Age:** |  |
| **Name:** |  | **Age:** |  |
| **Name:** |  | **Age:** |  |
| **Address:** |  |
| **City / State:** |  | **Zip Code:** |  |
| **Phone:** |  |
| **E-mail:** |  |
| **Names of Parents / Gaurdians:** |  |
| **Make check payable to:** |  |
| **Address:** (if different from above) |  |
| **City / State:** |  | **Zip Code:** |  |

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**Kids Helping Kids Grant Application – Part 2**

**Check all that apply:**

[ ]  Lost or damaged home

[ ]  Lost or damaged business

[ ]  Lost or damaged property

[ ]  Lost or reduced farm income/operation

[ ]  Other

|  |
| --- |
| **Briefly describe the loss experienced by the 4-H member/family and the extent of the need.** |
|  |
| **Amount requested** (maximum $100 individual, $300 family group) |
|  |
| **How will these funds be used?** |
|  |