Margaret Rose Kennedy Foundation

4940 Merrick Road, #361
Massapequa Park, NY 11762
516-541-2315
www.margaretrosekennedyfoundation.org

Grant Application

Only complete applications will be reviewed. The application must be submitted under a cover letter from the referring MSW/CSW, not the grantee.

1) Grantee Information:

Name:

Street Address:

City, State, ZIP

Daytime Phone Number

Evening Phone Number

2) MSW/CSW Referral: Please describe the situation surrounding the individual and state the approximate total funding requested. See page 2 for the financial guidelines. If the grant recipient is a minor child, please provide details of the financial need or hardship of the child's parent(s). Please state income and description of current employment and attach a copy of page one of last year's federal tax return.

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I recommend the above applicant be considered for a grant from the Margaret Rose Kennedy Foundation. This candidate has demonstrated financial need for cancer related medical care not funded by medical insurance.

Signed: _____ Date: _____

Printed Name: _____

Title/License# _____ Phone: _____

Address: _____ Fax: _____

City, State, ZIP: _____ E-mail:_____