



Equipping Fund Application for Kids

Child's Name: _____

Parent's Name(s): _____

Preferred Email: _____

Preferred Phone Number: _____

Please answer the following questions:

(Parents may write for a child, if needed, but the answers should be the child's.)

Who do you want to care for?

What need do they have?

What do you want to do to help?

How much money do you need to help in that way? \$ _____

More questions on the back of the paper

Do you need the money by a certain date? Yes / No

If yes, by what date do you need the money? _____

*Except for special circumstances, requests over \$100 usually take about one month to approve.

How will your mom or dad help you with doing this?

Who else (for example, maybe someone from Kairos, your school, or your neighborhood) will you invite to do this with you?

Please give this completed form to Ms. Jan. She will share it with the mission team for review and approval. Talk to Ms. Jan or email the mission team (missionteam@kairosatlanta.org) if you or your parent has any questions.