

Partner Charity Award Application



Application date: _____ Referred to K2 Adventures Foundation by: _____

Non-Profit Award Application:

Non-Profit / Charity Name: _____

Non-Profit / Charity address/City/State/Zip: _____

Name of person completing application: _____ Job title: _____

E-mail address: _____ Phone Number: _____

Web address: _____ EIN#: _____

All Non-Profit organizations must have the following information completed for consideration:

Has your organization received support form other organizations? _____

What support is your organization requesting?: _____

If this request is approved, how many individuals will be impacted?: _____

Have you received past equipment or support from K2AF? If yes, please describe: _____

Brief description of who you serve; please include specific demographic information (# served, total reach, years of service, etc.):

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All Applicants must complete:

Signature is required from all applicants. I (we) stipulate that the information included in this application is true to the best of my (our) knowledge. Further, I (we) understand that the presence of inaccurate information in this application could result in the need for re-evaluation / rejection of this application by K2 Adventures Foundation.

Signature of Organization Representative

Printed Name of Organization Representative

Date

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