

# Partner Charity Award Application



**Instructions for submittal can be found on page 2.**

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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**Please mail or scan to K2 Adventures Foundation, 14354 N. Frank Lloyd Wright Blvd., Suite 4, Scottsdale, AZ 85260 or via e-mail at [info@k2adventures.org](mailto:info@k2adventures.org).**

**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.

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Signature of Organization Representative

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Printed Name of Organization Representative

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Date

K2 Adventures Foundation  
14354 N. Frank Lloyd Wright  
Blvd., Suite 4  
Scottsdale, AZ 85260  
(480) 797- 2950