



Making Dreams Real
for Lincoln County Youth

Please complete this form and submit to:

Rotary Club of Damariscotta-Newcastle

Karl's Kids Program

PO Box 565

Damariscotta, ME 04543

Karl's Kids Grant Application

Applicant Contact Information

Your name: _____ Your email: _____

Your phone: _____ Alternate phone: _____

Your relationship to recipient (i.e. parent, coach, etc.): _____

Recipient Information

Name of recipient: _____ Recipient's Age: _____

Recipient's mailing address: _____

Assistance Requested

Store where items will be purchased: _____

Quantity	Item #	Item Description	Cost

If more space is needed, continue on reverse.

Comments/additional information:

I certify that the information provided in this request is accurate and truthful.

_____ signature

_____ date

