

Mo-Kan Pet Partners Financial Assistance Application

Please print clearly.

Send completed application via postal mail to:

MO-KAN Pet Partners, PO Box 7496, Overland Park, Ks 66207

Date: ____/____/____

NAME: _____

ADDRESS: _____

PHONE: Home _____ Cell _____ Work _____

EMAIL ADDRESS: _____

EMPLOYMENT STATUS: Please provide information on your current or most recent employment.

Employed: ____ yes ____ no

Company Name _____ Position/Title _____

Other Income Sources: _____

REQUEST:

List the expenses for which you are seeking financial assistance (description and amount):

Amount requested: \$ _____

Note: New (prospective) teams must agree to the following criteria (initial in the spaces provided):

- successfully accomplish team evaluation within four (4) months of the Handler course date
- join Mo-Kan following successful team evaluation
- complete at least four (4) hours of service within a one-year period of the team evaluation date
- the financial award will be remitted to Mo-Kan if the above criteria is not met

Current members, list volunteer service activity during the past two (2) year period. (Please list facility/ location and hours)

SIGNATURE: Please read the following carefully and sign.

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that this information is confidential within Mo-Kan Pet Partners.

_____ / _____ / _____
Signature **Date**

Upon receipt of this application, you will be contacted regarding next steps. Please note that assistance is limited and acceptance is based on available funds and active service .

<p>BOARD ACTION:</p> <p>Date Request Received : ___ / ___ / ___</p> <p>Board Review Date: ___ / ___ / ___</p> <p>Amount Approved : \$ _____</p> <p>Board Comments:</p> <hr/> <hr/> <p>Applicant Notification Date: ___ / ___ / ___</p> <p>New (Prospective) Team Evaluation Date: ___ / ___ / ___</p> <p style="text-align: right;">Application #: _____</p>
