

**Kevin P. Murray Memorial Fund  
GRANT APPLICATION**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Beneficiary's Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to Beneficiary:      **Parent**      **Coach**      **Other** (*explain below*)  
(*Please Circle the Appropriate Response*)

If Other, Please Explain: \_\_\_\_\_

\_\_\_\_\_

Amount Requested: \_\_\_\_\_

Equipment Requested: \_\_\_\_\_

\_\_\_\_\_

Source of Equipment (*Retail or Online Store*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

The information contained in this request will be kept confidential and not released to the general public without the prior approval of the applicant.

Mail this application to:      Medomak Valley Community Foundation  
Kevin P. Murray Fund  
P.O. Box 1246  
Waldoboro, ME 04572