



Watermark for Kids Application

DATE: _____

WATERMARK KID

Name: _____ Age: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

PARENT/GUARDIAN *(if applicant is under 18 years of age)*

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

WATERMARK FOR KIDS COACH

Name: _____ Phone: _____

Email: _____ Community Name: _____

FUNDS REQUESTED: \$ _____ Date funds are needed: _____

Please provide details of how funds will be spent: _____

How do you know your Watermark for Kids Coach?

Describe how being a Watermark Kid will influence your life and help you *thrive*. (250 words or less)

How did you hear about Watermark for Kids?

WATERMARK KID COMMITMENT

By signing below, we commit to submitting photo and/or video to the Watermark for Kids Executive Director within 60 days, along with details in writing explaining the award's personal impact.

SIGNATURES

Watermark Kid: _____ Date: _____

Parent/Guardian: _____ Date: _____

Coach: _____ Date: _____



2020 West Rudasill Road • Tucson, AZ 85704 • Tel: 520-392-7722 • Fax: 520-797-7757
watermarkforkids.org • info@watermarkforkids.org