Jim and Mary Jane Kennedy Fund Application

If you need financial assistance to attend the upcoming reunion, please complete this application form. Support is offered based on the availability of funds, and while we do our best to help as many family members as possible, assistance cannot be guaranteed. All information you provide will remain confidential and will only be reviewed by the Family Reunion Committee.

Date: _____

Name: _____

Address: _____

_____

Telephone Number: _____

Email Address: _____

Relationship to Kennedy Family: _____

Number of family members attending with you. Please provide number of family members attending in each category:

Children (2 and under) _____ Children (3 – 17) _____

Students (18 – 25) _____ Adults (18 – 25) _____

Seniors (70 +) _____

Anticipated Area of Assistance:

Registration Fee: _____ Hotel (number of nights staying at hotel):_____

Please explain why assistance is needed at this time:

_____

_____

_____

Applications must be received no later than June 15th. Applications should be sent to:

Margie Kennedy Wilson
4817 Chaffey Lane
Lexington, KY 40515-1166

Jim and Mary Jane Kennedy Fund Contributions

This fund also accepts donations. Contributions can be made to the fund at any time. When you are in a position to give, please give what you can. No amount is too small or too large.

Return this contribution form and your check made payable to **"Kennedy Family Reunion"** to:

Karen Kennedy
Kennedy Family Reunion
6803 Windham Pkwy
Prospect, KY 40059

Date: _____

Name: _____

Contribution to the Jim and Mary Jane Kennedy Fund $_____

Total amount of check $_____

Thank you for your generosity!