

FATHER JIM MCKENNA

MEMORIAL FUND

GUIDELINES FOR GIFTS FROM THE FATHER JIM MCKENNA MEMORIAL FUND

The Fund continues the work started by Reverend James T. McKenna in order to assist and support those recovering from addiction to alcohol and/or drugs, and to support organizations that assist those recovering and/or affected from addiction to alcohol and/or drugs.

Funding Interests are recommended, but not limited to, the following: tuition, books, school supplies, equipment, retreat fees, transportation needs, clothing for job interviews, etc.

ELIGIBILITY & RESTRICTIONS ON AWARDS

For Individuals:

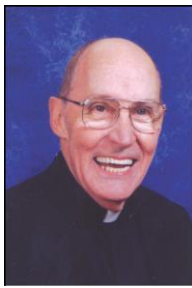
1. A minimum of six months must elapse between awards to individuals, unless otherwise agreed upon by the Board. Maximum award: \$1,000 per year.
2. Awards for legal assistance or fines cannot be granted.

For Groups:

1. A minimum of one year must elapse between awards for groups/organizations unless agreed upon by the Board. Maximum award: \$2,000 per year.
2. State or County Agencies are not eligible as a group, however groups/organizations that are tax exempt under section 501(c)3 of Internal Revenue Code of 1986 are eligible.

APPLICATION PROCESS:

1. The first step would be to download an application (below) or contact The Father Jim McKenna Memorial Fund by email at FrJimMcKenna@gmail.com or a note to the address below with a one or two sentence summary requesting a Financial Assistance Application.
2. If necessary, a Financial Assistance Application will be sent to you.
3. Applicants must submit a complete application and a letter providing details as to how the award will be used.
4. Submit applications via email to FrJimMcKenna@gmail.com or by U.S. Mail to:
Charitable Gift Committee
Fr. Jim McKenna Memorial Fund
P.O. Box 384
Westwood, NJ 07675
5. Please allow 45 days for the committee to review your request. Incomplete information or supporting detail will delay the application process.
6. Applicants may be asked to present themselves for an interview before representatives of the award committee.
7. In rare instances, an individual or organization that is ineligible by these criteria may be invited by the Fund to submit a proposal for a specific project.



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APPLICATION FOR FINANCIAL ASSISTANCE

NOTE: Provide all supporting documentation as necessary. Attach a second sheet if additional space is needed. Missing or insufficient information may result in processing delays. See the attached guidelines for additional help.

REQUESTED BY:

Name

Telephone

Address

E-mail

City, State, Zip

Amount Requested

1. How long have you been in recovery? _____

2. Did you complete a program? _____

3. If so, name and location of the program: _____

4. Please attach a copy of your completion letter.

5. Attach reference letter from your sponsor.

6. Please provide, with *as much detail as possible*, the reason for this request, and indicate if needed by a specific date. Attach additional sheets as necessary.