

# Jennifer Beach Foundation



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[info@jnbfoundation.org](mailto:info@jnbfoundation.org)

## Application for Funds

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

REASON(S) FOR REQUEST:

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PROOF OF MONTHLY INVCOME (Required):

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RECIPIENT INFORMATION (Name, Address, Phone Number, & Email)

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**Send this form to:**

**Fax (615-634-7183) or email ([info@jnbfoundation.org](mailto:info@jnbfoundation.org))**

**For questions or further information, please contact Keith Beach at 253-833-5366.**

FOR OFFICE USE ONLY

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_