

MACCS

CHILDREN'S FUND

WHAT IS THE MACCS CHILDREN'S FUND?

The MACCS Children's Fund was established by MACCS healthcare providers in May of 2004 using personal contributions and the proceeds of the First Annual MACCS Talent Show. The mission of the fund is to improve overall health and welfare of children by creating a cultured and nurturing learning environment. The MACCS Children's Fund is a last resort contribution that assists students in need by providing small grants and stipends to approved applicants. The fund responds to student/family hardship issues as well as assistance regarding cultural or academic endeavors.

WHO IS ELIGIBLE TO APPLY?

The MACCS Children's Fund will consider the application of any student that applies. One-hundred percent of the proceeds from the MACCS Talent Show & Awards of Excellence are designated to the Children's Fund. Your support of these events is critical to the viability of the fund and the ability of MACCS to continue to nurture and support today's youth. We believe this to a great way to be active in our community of schools, to showcase the talent of children, to recognize the commitment and dedication of employees, and make a difference in the lives of others.

HOW DO I APPLY TO THE FUND?

To apply for assistance through the MACCS Children's Fund, complete an application and return it to the MACCS Children's Fund Review Committee along with a detailed explanation of the nature of the request and how funds will be utilized. Applications are accepted year round and are reviewed and approved on a first-come first-serve basis. Forward completed applications to the address below or submit via email to maccsmail@maccs-pa.com.

MACCS Children's Fund Review Committee
C/O MACCS Health Services, LLC
Rose Tree Corporate Center, Bldg. 2
1400 N. Providence Road, Suite 1020
Media, PA 19063



1400 N. Providence Road, Bldg. 2, Suite 1020* Media, PA 19063
Phone: 484-454-5197 * Fax: 484-454-5228 * www.maccschildrensfund.org

MACCS CHILDREN'S FUND

Application for Assistance

(Please Print or Type)

Name of Student: _____

Grade: _____ Age: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Name of School: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

MACCS Affiliate: YES NO

Type of Assistance Desired:

Reason for Request: (Check One)

Services

Indicate Nature of Service _____

Hardship

Academic Endeavor

Financial

Indicate Amount \$ _____

Cultural Endeavor

Discuss in detail the nature of the request and how assistance from the MACCS Children's Fund will be utilized. Attach explanation to the completed application and return to MACCS.

* All applications are reviewed and evaluated by a committee.

* Applicants will be considered according to the application date and need.

* Applications are approved on a first-come, first-serve basis.

Submitted By: _____

Date of Request: _____