



The Kairos Center

Grants and Financial Assistance Application

“Embracing Your Purpose, Power and Responsibilities”

Instructions

Provide all information requested in the table below to ensure that The Kairos Center has sufficient information to process your request for financial assistance. Please return this form via email, fax, mail, or in person.

Information	
Name of the Organization	
Organization Address	Telephone Number
Mailing Address	Alternate Telephone Number
Contact Name	Contact Title
Background Information	
History	Mission
Activities/Program	Expected Timeframes

Thank you for providing this information

Send Form To:

THE KAIROS CENTER

PO Box 285
Wrightsville Beach, NC 28480
P: [866]-688-9227

THEKAIROSCENTER@GMAIL.COM