



Kids Soar / Extra Curricular Activity

Financial assistance for extra curricular activities for foster kids in our service area.
Please complete one application per applicant, per activity.

Do Not pay for an activity until notified of approval & the dollar amount approved

Print Foster Name _____ DOB ___/___/___ M___ F___
For grant reporting: applicants race / ethnicity _____
Address _____ City _____ Zip _____
Print Guardian Name _____ Cell _____
Email _____ Placement Agency _____

List extra curricular activity of choice _____
Date activity begins _____ Date activity ends _____
Name of organization managing activity _____
Organization contact name _____ Phone _____
Total cost of this activity \$_____ Is this a one time or ongoing fee? _____
Amount of assistance requested \$_____ Date the fee is due _____

Is this a new experience or a continued activity for the child? _____
Have you applied for assistance for this activity with any other source? _____
List full name of siblings or other fosters in the same household who also applied:

Guardian comments: _____

NOTE: Documentation of Foster Placement / Guardianship required for reimbursement.
Amount of assistance given is based on current applications, financial need & available funds.
Verification of financial need may be required for requests over \$250. or ongoing activity fees.
Submit paid receipt within 60 days from start of activity for reimbursement of approved amount.

X _____ X _____
Foster Parent / Guardian or Emancipated Foster Signature Date

RAF Office Use Only:

Date application received _____ Date reviewed _____ By _____
Verification of foster placement or guardianship provided and in file? Yes _____
Amount approved \$_____ Date client notified _____ By email ___ phone ___
Client Receipt filed ___ Date Reimbursed _____ Amt \$_____ Ck# _____ CC _____

NOTES _____

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