



## Victoria S. & Bradley L. Geist Foundation Enhancement Fund Request Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Primary Ethnicity: \_\_\_\_\_

Amount requested (up to \$500): \_\_\_\_\_

What will the money be used for (select category from Info Sheet):

\_\_\_\_\_  
\_\_\_\_\_

Justification (explain child's situation and how this request will enhance the child's life):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child/Youth support received for the request**

Foster Care  Guardianship  Permanent Custody  Adoption

Other sources you have made request to: \_\_\_\_\_

Reason(s) for denial: \_\_\_\_\_

Person making request - Name & Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please submit this request to Family Programs Hawaii via email  
[enhancements@familyprogramshawaii.org](mailto:enhancements@familyprogramshawaii.org)**

Check payable to: \_\_\_\_\_

Mail check to: \_\_\_\_\_

Special handling instructions: \_\_\_\_\_

Requestor's name: \_\_\_\_\_ Date: \_\_\_\_\_

*I attest that all information is true and correct to the best of my knowledge.*

*For FPH only:*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_