

INNrichment Fund Application

We appreciate you taking the time to apply for an INNrichment Fund award! To ensure we have all the information needed and in the order needed for evaluation, please complete this application in full and follow the instructions along the way.

Once completed, please submit all your information to The Children's Inn as follows:

By Mail: The Children's Inn at NIH
ATTN: INNrichment Fund Committee
7 West Drive
Bethesda, MD 20814

By Email: javin.smith@nih.gov

By Fax: The Children's Inn at NIH
ATTN: INNrichment Fund
Fax Number: 301-496-4421

1. Applicant's Full Name: _____
Last Name, First Name M.I.

2. Applicant's Date of Birth: _____ / _____ / _____
Month / Day / Year

3. Applicant's Complete Address:

Street Address

Street Address (Second Line)

City State/Province Postal Code/Zip Code

Country

Phone E-mail Address

4. Indicate your funding category:

I am applying for an award for a college course

Term in college _____

I am applying for an award for a class or activity (Piano Class, Swimming Lessons, Gymnastics, Horseback Riding, etc.)

5. Name of intended class, course or activity: _____

6. Intended start date of the class, course or activity: _____

7. Cost of the class, course or activity: _____

8. Name of the school or facility:

Street Address

Street Address (Second Line)

City State/Province Postal Code/ Zip Code

Country

Phone E-mail Address

9. List the name of your reference and his or her title so that we may contact them

Name: _____

Title: _____

Telephone and or E-mail Address:

10. Briefly, share with us why this activity is important for you and/or your child: