



## Request Form

Professional Nominators (teachers, counselors, therapists, coaches, domestic violence organizations, etc.) may share dream or need requests.

Please complete the following application to request a dream or need for a child. The child must be under the age of 18 and experienced domestic violence trauma. We ask that a follow up drawing from the child and testimony from the child and/or parent be submitted after the request is funded. Submission of a request is no guarantee the request will be met.

### **Nominator Information**

Name:

Job Title:

Business or Organization:

Address:

Phone:

Email:

Relationship to Nominee:

### **Dream Recipient**

Child's First Name:

Boy or Girl:

Age:

Description of the request. Please include the cost, duration, location, and contact information, and invoice where applicable:

Briefly, indicate how this request will help the child:

Parent signature approving the request for the dream:

\*\* Email the request form completed in full to [sharethedream@kathyslegacy.org](mailto:sharethedream@kathyslegacy.org)