



Individual and Family Application for Funding

Applications are accepted ongoing; reviewed on an as needed basis.

Applicants Name: (not required) _____

Contact Name: (required) _____

Address: (required) _____

Description of Need*: (required) _____

Please email the completed application to info@caapbenefit.org or mail to CAAP P.O. Box 36, Waterloo, IA 50704. Applicants will be notified as soon as possible.

* Please submit copies of invoices, bills or estimates with application