

## **THE SHANE MOREHOUSE KINSELLA MEMORIAL CHILDREN'S FUND**

### **A Special Revenue Fund of the Town of Goshen, Connecticut**

**The Shane Kinsella Fund (hereafter known as the Fund) was established in 2019 by an ordinance passed at a Town Meeting, November 18, 2019. This fund was created in the memory of Shane Morehouse Kinsella, who died of Sudden Infant Death Syndrome on May 13, 2008.**

**The Fund offers assistance to children (through age 18), residing in the Town of Goshen, looking for financial aid to participate in extracurricular organizations. The Fund also offers assistance to organizations serving the needs of Goshen children. Other needs of children may be met, and will be determined by the Shane Kinsella Fund Committee.**

**The Shane Kinsella Fund Committee will determine the amount of awards granted by the Shane Kinsella Fund, which may fulfill all or part of the request. The Fund Committee will accept applications and award funds on a quarterly basis. The first day of the following months: March, June, September and December, will be the quarterly deadlines for all applications. An emergency request may be considered on a case by case basis. The attached application must accompany any request for funds.**

**If granted, funds will be distributed directly to the organization, department, financial or commercial entity, cited in the request, and not to an individual.**

**Requests should be sent to Dexter Kinsella, Selectman, Town of Goshen ,  
42 North Street, Goshen, CT 06756 or emailed to:**

**[pastorsara.goshenchurch@gmail.com](mailto:pastorsara.goshenchurch@gmail.com)**

**THE SHANE MOREHOUSE KINSELLA MEMORIAL CHILDREN'S  
FUND  
APPLICATION  
(for Goshen Residents Only)**

**Name (of child):** \_\_\_\_\_  
(Names of Children will be kept confidential)

**Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Name of organization or adult applying to the Fund** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Amount Requested:**

**What will the Fund money be used for? (Describe in detail):**

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

**If accepted, where and to whom should the award be sent?:**

\_\_\_\_\_

**Date received:**

**Amount awarded:**

**Application #:**