



## Hope Program Grant Request

Sponsoring Kiwanian: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Cell Tel # \_\_\_\_\_ Other Tel # \_\_\_\_\_ Email \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_

Parent's Name: \_\_\_\_\_ Tel # \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City/State \_\_\_\_\_, \_\_\_ Zip Code \_\_\_\_\_

Description of need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Needed: \$ \_\_\_\_\_

Provider of Service - Organization: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Tel # \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City/State \_\_\_\_\_, \_\_\_ Zip Code \_\_\_\_\_

Granted/Denied/Reasons/Conditions: \_\_\_\_\_

\_\_\_\_\_

Approval by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_