



SENIOR WISH GRANT APPLICATION

Date of Application _____ Age of Applicant _____

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Sponsoring Agency _____ Phone # _____

Name _____ Title _____

Address _____

Fax _____ E-Mail _____

Purpose of Grant: Describe in detail what is needed, circumstances, where service or item will be purchased (if known) and cost in 35 - 50 words. Please be sure to obtain more than one quote.

Amount of Grant Requested (\$300.00 per wish) \$ _____

Upon completion of both pages of the grant; fax, mail or e-mail to the above address. You will hear from a representative of the HANDS Foundation within a week. In you have any questions, please call.

FOR OFFICE USE ONLY:

Received: _____

Purpose: _____

Check #: _____

Emailed: _____

Approved: _____

Amount: _____

Contacted: _____

Date Paid: _____