

SENIOR WISH GRANT APPLICATION

Date of Application	Age of Applicant		
Applicant's Name			
Address	City	Zip	
Phone #			
Sponsoring Agency		Phone #	
Name		Title	
Address			
Fax	E-M	ail	
Links to specific items being rec	quested:		
	_		_
Amount of Grant Requested (\$3	600.00 per wish) \$		
Upon completion of both page	or of the grant: mail or o	mail (proferred) to the contact infor	mation holow

Upon completion of both pages of the grant: mail or e-mail (preferred) to the contact information below. You will hear from a representative of the HANDS Foundation within a week. If you have any questions, please call or e-mail.



SENIOR WISH

GRANT APPLICATION

Mission: Dedicated to Improving the Quality of Life for Medina County Seniors

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ALL boxes below must be checked in order for the	ne Wish to be considered.			
\square 65 years of age or older				
☐ In need of an item or service☐ Was any other person or agency contacted to assist/collaborate with this request?				
\square Yes (please list below)	□No			

SENIOR WISH GUIDELINES:

- Grant must be submitted by a third-party agency/person on behalf of the applicant.
- No "after-the-fact" grants will be considered, i.e. submitting the request after the item or service has already been purchased, thereby requesting reimbursement.
- Grant cannot be used for on-going expenses, i.e. rent, utilities, food, prescriptions.
- Lifelines (Rescue Alert Pendants) New Requests Only (No renewals)
- Maximum amount granted is \$300.00/person
- One grant per person; per year. A year runs from the date the grant was approved.
- No repetitive/recurring grants will be considered, i.e. car repairs for the same applicant year after year.
- Grants are reviewed and voted on by a committee made up of HANDS Board Members. The applicant's name is kept confidential and not shared with the committee.
- Emergency situations will be reviewed on a case-by-case basis.
- All Wish Requests must be submitted on this form.