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-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.

_____

_____

_____

_____

Links to specific items being requested:

_____

_____

_____

_____

Amount of Grant Requested (up to $300.00 per wish) **$**_____

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.

P.O Box 868 • Brunswick OH 44212
Email: Hands.SeniorWish@gmail.com • Phone: (330) 225-4242

HANDS FOUNDATION

SENIOR WISH

GRANT APPLICATION

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

SENIOR WISH CRITERIA:

ALL boxes below must be checked in order for the Wish to be considered.

☐ Medina County Resident

☐ 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?

☐ 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.

P.O Box 868 • Brunswick OH 44212
Email: Hands.SeniorWish@gmail.com • Phone: (330) 225-4242