



GRANT APPLICATION

APPLICANT INFORMATION:

Name of Organization requesting the Grant: _____

Address: _____

Contact Names: _____

(Including the individual submitting this application)

If submitting a grant on behalf of a school program, please have the application signed by the school administrator:

Contact phone Number: _____

Contact Email and Mailing Address:

GRANT REQUEST

Amount of Grant Request: _____

Reason for financial aid and how will the funds be used in this year's grant?

If your organization received a grant last year, how were the funds used?

Please provide an overview of your program and if there is a registration fee.

How many children are involved in your program? What percentage of your participants are from Manchester and what percentage are from Essex?

Are you and other members of your organization currently donating to the Hooper Fund?

APPLICATION DEADLINE: May 1st

Email to kathy.willy@verizon.net or Mail to:

**The Hooper Fund
PO Box 544
Manchester, MA 01944**