



GRANT APPLICATION

APPLICANT INFORMATION:

Name of Organization requesting the Grant: _____

Address: _____

Contact Names: _____

(Including the individual submitting this application)

Contact phone Number: _____

Contact Email Address: _____

GRANT REQUEST

Amount of Grant Request: _____

Reason for Financial Need:

How will the funds be used (please be specific)?

What is the purpose of your program?



Please provide a brief history of your program?

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

Are you or other members of your organization currently supporting the Hooper Fund? _____

If not, why not? _____

APPLICATION DEADLINE: March 31st

Return To: **The Hooper Fund**
PO Box 544
Manchester, MA 01944