

HASP
HOPE ACADEMY OF SENIOR PROFESSIONALS
SERVICE GRANT APPLICATION

Date of Application: _____

HASP member submitting the request: _____

Address: _____

Phone: _____

Email: _____

Organization of group which will benefit from the grant:

Describe the volunteer project/request and when and where it will take place:

How much funding are you requesting and how will it be used?

Amount: _____

Purpose:

Please describe how you intend to acknowledge the support of HASP in this opportunity:

Signature: _____

For Committee use only: Approve ____ Denied ____ Date: _____

Reason:

