



*Melanie's  
hope*



## HOPE APPLICATION FORM

### ORGANIZATION INFORMATION

Name of Organization:		
Street address:		
City:	State:	Email:
ZIP Code:	Phone:	Organization's website:
Contact Person:		Position with Organization:
		Are you a 501(c)(3) ? (Please Type Yes or No):
If you are selected as a recipient, will a Sponsor from your organization be able to attend our upcoming event at the Coonskin Park's Family Center?		(Please Type Yes or No):

### TELL US ABOUT YOUR ORGANIZATION

--

### PLEASE DESCRIBE HOW THE MONEY WILL BE USED IF CHOSEN

--

### GIVE AN EXAMPLE OF YOUR ORGANIZATION'S GREATEST CHALLENGE (EXCLUDING LACK OF FUNDS)

--

How did you hear about HOPE?	
Do you give HOPE permission to add your organization's webpage to ours?	(Please Type Yes or No):

### SIGNATURES

I certify that I am a member of the applicant organization and have full authority to submit this application.	(Please Type Yes or No):
Typing your name acts as your signature as an applicant:	Date:

All applications must be emailed to [melanieshope@gmail.com](mailto:melanieshope@gmail.com) by the date indicated in the instructions. Any applications turned in after that date will not be considered. Do not attach additional papers to this form or write on the back. All information must fit on this form. By typing your name, you are signing this form stating you are an authorized representative of the applicant organization and are verifying that all information contained herein is true to the extent of your knowledge.