

# HANNAH'S HOPE

## *Enriching Children's Lives*

1046 Cedar Point Blvd

Cedar Point, N.C. 28584

HannahsHope 1114@gmail.com

910-330-7937

***Our Vision "Providing grants to create life changing opportunities for children to participate in local activities"***

**Who is eligible?** All local children- (residing in Bogue, Cape Carteret, Cedarpoint, Emerald Isle, Hubert, New Port, Peletier, Stella or Swansboro) aged 3 - 18 years old, currently enrolled in the educational system with financial need are eligible. Financial need is decided by the parameters set by the Board of Directors of Hannah's Hope. Hannah's Hope is dedicated to making every eligible child's wish to partake in extracurricular activities come true.

**Applying for a grant** Please fill out the following application form. This form will be reviewed by the Hannah's Hope Board of Directors. The decisions are based on financial need. All information is strictly confidential and will not be shared outside the Board.

**Child's full name** \_\_\_\_\_ **DOB** \_\_\_\_\_

Child's address \_\_\_\_\_

**Mother/ step-mother/legal guardian full name** \_\_\_\_\_

Phone number \_\_\_\_\_ best times to call \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Yearly income \_\_\_\_\_

Other income (please specify source, i.e. child support, alimony, SSI, etc) \_\_\_\_\_

Last 4 numbers of SS# \_\_\_\_\_

Number of dependents in household \_\_\_\_\_

**Father/step-father/guardian full name** \_\_\_\_\_

Phone number \_\_\_\_\_ best times to call \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Yearly income \_\_\_\_\_

Other income (please specify source, i.e. child support, alimony, SSI, etc) \_\_\_\_\_

Last 4 numbers of SS# \_\_\_\_\_

Number of dependents in household \_\_\_\_\_

Please state exactly what assistance and exact amount you are requesting and from which organization?

Will this amount be monthly? \_\_\_\_\_

Deadline for registration of this activity \_\_\_\_\_

Contact person at that organization \_\_\_\_\_

Contact phone for that person \_\_\_\_\_

How did you hear about Hannah's Hope? \_\_\_\_\_

Are there any other things about your child we should know? \_\_\_\_\_

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**References: Please provide name and contact Number of 1-3 non family members as references. ( i.e. teacher, clergy) Please print**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**This application will be reviewed monthly.**

**Disclaimer for publicity/pictures**