

Date of application: \_\_\_\_\_



***Our mission is to provide special services, opportunities  
and funding to families and organizations that serve children  
suffering from life threatening illnesses.***

Hilton Head Heroes does not accept applications from religious organizations including churches, church schools or church programs. Hilton Head Heroes does not award grants for rent, salaries, medical, doctor payments, insurance deductibles or prescription drugs. Grants are not allowed for computers, laptops, computer software, festivals, art-based programs or consultant fees. Grants will be considered for medical equipment for children as prescribed by a doctor. Grants will be considered for children to attend medical needs-based summer camp programs. Grants are for children between the ages of two and sixteen.

Organizations applying must have a 501© (3) that has been active for at least one year prior to the date of the application.

Name of Organization or Individual applying:

\_\_\_\_\_

Address:

\_\_\_\_\_

City & State: \_\_\_\_\_ Zip# \_\_\_\_\_

Contact name for your organization:

\_\_\_\_\_

Phone #: \_\_\_\_\_

State purpose for your grant request. Attach additional information as needed to the application.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List other sources of funding for this request.

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List three references that have worked with you or your organization in the past. (ex. volunteers, donors, social workers or doctors) include phone number.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

For organizations applying, please include a copy of your 501© (3) as well as a recent financial report. Individuals applying for grants, please be specific in your request and include a photo. The information obtained is for Hilton Head Heroes to determine grant funding and the undersigned represents and warrants that the information provided is true and correct until a written notice of change is provided. Hilton Head Heroes is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made within this application.

Dollar Amount requested: \$ \_\_\_\_\_

Check should be payable to: \_\_\_\_\_

Signature Representative of Organization or Individual requesting funding:

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Contact email address:

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Phone number: \_\_\_\_\_

**Please mail applications and documentation required to:  
Hilton Head Heroes- P. O. Box 6689- Hilton Head Island, South Carolina 29938 Attention: Grant Request**