



***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 which include: churches, church schools or church programs unless they benefit terminally ill children. Hilton Head Heroes does not award grants for rent, salaries, medical or doctor payments, insurance deductibles or prescription drugs. Grants will be considered for expenses incurred for children to attend medical needs-based summer camp programs.

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

Legal name of applying organization:

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Address: \_\_\_\_\_

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

Contact name for organization or individual:

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Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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

State purpose for your grant request. Attach additional pages 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 and mission statement. Individuals applying for grants, please be specific in your request, and include a photo. The information obtained in this grant request 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.

Signature Representative of Organization or Individual requesting funding:

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

**Please mail applications and documentation required to:  
Hilton Head Heroes- P. O. Box 6689- Hilton Head Heroes, South Carolina 29938 Attention: Grant Requests  
Applications must be postmarked by May 1<sup>st</sup> each year to be considered for a grant.**