



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

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

Legal name of applying organization:

\_\_\_\_\_

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

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

Zip: \_\_\_\_\_

Contact name for organization:

\_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Dollar Amount requested:

\$ \_\_\_\_\_

**Page Two**

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

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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. (if you previously applied in 2023 and received a grant you do not need to provide documentation other than the application.)

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 of Representative of Organization or Individual requesting funding:

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

Email: \_\_\_\_\_

**Please mail applications and documentation required to:  
Hilton Head Heroes- c/o Lindy Russell- 185 Long Cove Drive  
Hilton Head Island, South Carolina 29928 --Attention: Grant Requests  
Applications must be postmarked by March 15<sup>th</sup>, 2024 to be qualified to receive a summer grant.**