



***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:

\$ _____

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

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:

Phone number: _____

Email: _____

Please email applications and documentation required to:

Lindyruss3027@aol.com

Attention: Grant Requests

Applications must be postmarked by August 15, 2024 to be qualified to receive a 2024 fall/winter grant.