



Date \_\_\_\_\_

Name of person submitting application \_\_\_\_\_

Name of child who will benefit from grant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Boy or Girl (circle one)

Child/Organization (physical street address) \_\_\_\_\_

City, State & Zip code \_\_\_\_\_

House Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

What school does the child attend/school district \_\_\_\_\_

Name of Organization (if any) \_\_\_\_\_

Total amount of program/Organization \$ \_\_\_\_\_ Grant amount requested \$ \_\_\_\_\_

***Please describe your current situation and research for Grant (attachment , if necessary)***

***How will this Grant affect you/organization in a positive way (attachment, if necessary)***

\_\_\_\_\_  
Print name (or Guardian)

\_\_\_\_\_  
Signature of applicant

Please send the completed, signed and dated application, with all referenced attachments to P.O. Box 234, Prather CA 93651

Remember, you must submit your application at least 60 days prior to the date need so that Josh Hansen Foundation has adequate time to consider your application. The Josh Hansen Foundation works hard to grant as many request as we can, but we are unable to fulfill every grant request. You will be notified by US Mail or by email if your application has been approved.