

Hannah's Hope for Life
Application for Assistance

Mission Statement:

To financially aid individuals and teams allowing athletes to participate in athletic programs and targeting smaller schools. Examples include: equipment, uniforms, camps, tournaments, competitions, or individual athletes in need. To financially contribute Idaho pediatric cancer families in need. Ie- gas, food, seasonal gifts or other family needs.

Date: _____

Name of School (if applicable): _____

Name of Recipient: _____

Reason for Application:

Amount Needed: _____

Due Date: _____

Make Check Payable to: _____

Contact Person: _____

Contact Information: _____

Parent Signature: _____

Please include your bid or receipt from Vendor for purchase.

Please remit to:

Hannah's Hope for Life
PO Box 273

Hagerman, ID 83332

HannahsHopeforLife@yahoo.com

Fax: 888-812-4125

Phone: 888-812-5574