

***Faith, Hope And Love Foundation
of New Hampshire***
PO Box 64 Laconia, NH 03247
GRANT APPLICATION
for Individuals and Families

General Foundation Information

The Faith, Hope and Love Foundation is a non-profit foundation, started in order to address the overwhelming needs of today's children and youth. It is our mission to bring relief to children and youth suffering from poverty, hunger and homelessness, and to bring them hope, through faith and love, so that they may accomplish all of their dreams.

The organization raises funds through local contributors, event fundraisers, and mailings. Funds are then awarded to children, youth and or youth based organizations within the state of New Hampshire that meet a needs criteria.

Description of Allocated Funds

Funds received by The Faith, Hope and Love Foundation go towards operating expenses including, but not limited to, postage, photocopying, event advertisements and materials, as well as office and operation supplies. The Faith Hope and Love Foundation is strictly a non-profit organization in which board members and co-founders do not get paid at this time and pay for all other expenses not previously mentioned.

After all expenses are covered, all remaining funds over a thousand dollars will be awarded directly to youth, or youth based organizations in the state of New Hampshire. All potential award recipients will go through an application process as well as an interview with the board, to determine eligibility for receiving funds.

Eligibility criteria

Recipients must be, or must be serving:

- below the age of 18 years old
- total household income of under \$50,000
- must be a citizen of New Hampshire
- must not be involved in or accused of any illegal activity
- must have documentation of a specific need for funds
- must have at least three letters of reference
- must be prepared to show how awarded funds will impact their life and how they are willing to give back to the community

Funds must be used for:

- basic needs for survival (clothes, food, shelter)
- educational enrichment, whereby the family cannot afford (school field trips, school functions, musical and art enrichment, camps, classes and extra curricular academic programs)
- health and fitness programs (doctor's appointments, nutritional programs, sports fees, medical fees not covered by insurance)

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Applicant's Name: _____

Today's Date: _____

Address: _____

Mailing Address: (if different) _____

Phone: _____ **E-Mail:** _____

Description of need, use and impact of funds (attach another page if more space is needed)

Total Amount Needed: \$ _____ **Total Amount Requested:** \$ _____

Amount Applicant's Able to Contribute if Any: \$ _____

Please list other people or places, which you've asked for financial support for this request if any?

Name	Business/Title	Address	Phone
1			
2			
3			

Total Annual Household Income: \$ _____

Have you ever been committed of a crime or misdemeanor? Yes No **If yes, please explain:**

References: Give the names of two people not related to you, whom you have known at least one year as well as one family member.

Name	Relationship/Title	Address	Phone
1			
2			
3			

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected."

Date: _____

Applicant Signature: _____

Date:

Parental Signature: