

## **Request for Grant/Assistance Application**

Chain of Hope is a charitable organization that was established by a group of life-long friends from Hillsborough after one of our own was stricken with breast cancer. Our objective is to identify specific individuals and causes within Central New Jersey that we can assist through fundraising efforts. Our hope is to help provide peace of mind to local families during challenging times.

Please fill out this form in its entirety and return to:

Chain of Hope P.O. Box 5875 Hillsborough, NJ 08844

E-mail: <a href="mailto:chainofhope@ymail.com">chainofhope@ymail.com</a>

## Section I

Name of Applicant (person completing form):				
Street/Mailing Address:				
City				
State	ZIP			
Telephone Number:		E-mail:		

## **Section II**

Name of Individual / Family Requiring Assistance:

Street/Mailing Address:		
City		
State	ZIP	
Telephone Number:		E-mail:

## **Section III**

In 250 words or less, please describe how or why you believe this individual or family would benefit from assistance from Chain of Hope. Please be as detailed as possible.

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