

# Hardship Grant Application Template

Date: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_ Applicant DOB: \_\_\_\_\_

If under 18, Contact for the Applicant: \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

Email Address of Applicant: \_\_\_\_\_

List of hardships in which qualify you for this hardship grant:

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Please provide any other reasoning why you are qualified for this hardship grant:

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Parent/Guardian & Applicant Signature:
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By signing below, I certify that I understand the criteria for the scholarship and the submission deadline for the application form.

I hereby authorize the reviews of all aspects of this application, and I acknowledge that the information provided herein is true and correct.

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Applicant's signature

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Date

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Parent/Guardian Signature (if the applicant is under 18)

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Date

*This grant application may require confidential information intended to qualify an applicant for the grant. Any use, dissemination, forwarding, printing, or copying of this data without the applicant's consent is prohibited. If you have received this in error, please immediately notify [info@53familiesfoundation.org](mailto:info@53familiesfoundation.org)*