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| --- | --- | --- | --- | --- | --- | --- |
| Grant Application Organization |  | | | | | |
| Street address: |  | | | | | |
| City |  | State |  | Zip Code | |  |
| Contact Person |  | Title | | |  | |
| Phone # |  |  | | |  | |
| Email |  | | | | | |
| Organization’s Social Media Site(s): |  | | | | | |

**Eligibility Criteria**: This Hope Request must meet the following criteria:

* Grant organizational status must be a 501 (c ) (3)nonprofit
* Funds must be used in the State of Arkansas
* Funds must be used for cancer research and/or cancer-related projects

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| **Description of cancer research or cancer-related project:** Tell us how this grant will be used and the expected impact of this project. Include anticipated start and completion dates.Use additional sheet if necessary. |
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Have you received a grant from the Village Walk for Cancer Research before? If yes, please provide the year, the amount, project name and brief summary of the results.

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**Amount of Grant Request:** $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check Instructions:** If grant request is awarded, the check will be made payable to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All completed grant applications must be postmarked and received by November 30th. Mail to WFCR 1400 DeSoto Blvd, Hot Springs Village, AR 71909.

Questions? Contact Melane Pederson, Chair, WFCR Board of Directors; cell: 608-692-0458 or email: [melped53@yahoo.com](mailto:melped53@yahoo.com).

The information contained in this statement is for the purpose of obtaining funding from the Village Walk for Cancer Research (WFCR) on behalf of the undersigned. The undersigned understands that the information provided herein is used in deciding to grant funding, and the undersigned represents and warrants that the information provided is true and complete and that the WFCR may consider this statement as continuing to be true and correct until a written notice of change is provided. The WFCR is authorized to make all inquiries deem necessary to verify the accuracy of the information in this grant request.

Release: Hope Request grant recipients give WFCR the right and permission to use information contained in this document for promotional materials and publicity efforts.

Grant Applicant Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR WFCR USE ONLY**

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| --- | --- | --- | --- |
| Application Decision | ☐ Approved  ☐ Rejected | If approved, amount awarded: | $ |
| Decision Date: |  | | |
| WFCR Director: |  | | |