



GRANT APPLICATION

Name of School (Check Payable to)

Project Name (Required)

(Street Address, City, State, Zip)

(Phone #)

(Fax #)

(Applicant's Name and Title)

(Applicant's email)

Are you a public school or some other sort of tax exempt organization? Public school _____ Other tax exempt organization _____

Non-profit certification number: _____

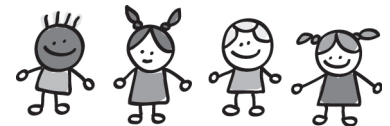
We'd like to better serve you. Please help us do that by answering the following questions.:

1. Please provide a brief explanation of how you intend to use the awarded funds and/or why your school or group should be selected.

2. Amount requested? \$ _____ (If you do not make a specific dollar request, your application will not be processed)

3. To avoid duplicate entries please tell us if your school or group has previously applied for or received grants from H.E.L.P.: Yes _____ No _____

4. Has this specific department/cause previously applied for or received grants from H.E.L.P.? Yes _____ No _____

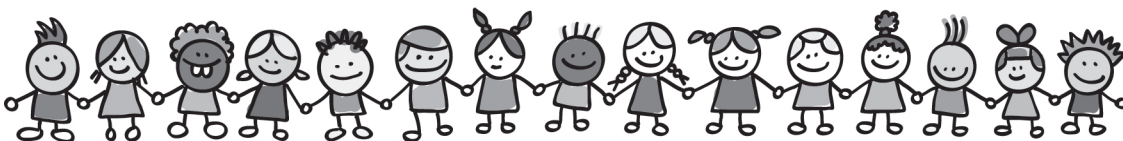


Signature of Applicant

Signature of Principal

Date

Date



This application may be dropped off at any participating store location, faxed to: 866.574.6244 or emailed directly to H.E.L.P., The Charity at: info@helpthecharity.org

Franchisee Use Only – Participating store location:

Typical grants are \$100 and up.