

Homes of Hope Scholarship Form

Foster Child's Name _____ Age _____ Grade _____ Gender _____

Foster Child's Caretaker Name _____ Date _____

County _____ Address _____

Email _____ Home # _____ Cell # _____

Social Worker Name _____ SW Office Location _____

Social Worker's Phone # _____ Email _____

Describe the activity the scholarship request is for and why your foster child needs this.

Also, if the scholarship is granted a thank you note is greatly appreciated. Thank you notes/stories about the child and activity help HOH to receive additional grants.

Amount Requested _____ Contact Name for Activity _____

Contact Phone # _____ Email _____

Name of Activity Organization _____

Address of Organization _____

Does organization need to be paid directly? _____ Yes _____ No

Have activity fees been paid for by caretaker or someone else who needs reimbursement? _____ Yes

_____ No If yes, name _____ Address of who paid for activity _____

_____ Receipt(s)

MUST be provided to Homes of Hope within 30 days of dated receipt for reimbursement.

Send forms, letters, receipts and thank you to

Director@HomesOfHopeProject.org P. O. Box 464 Clarkston, WA 99403

Questions: Call 208-413-6770

For Homes of Hope Use Only

Active foster child verified? _____ Yes _____ No **Amount Granted**
_____ Grant Title _____ **Date Sent Check** _____ **Check #**

Request Declined _____ Yes _____ No

If declined, why _____