**KIMBALL HIGH SCHOOL NATIONAL ALUMNI ASSOCIATION**

**HUMAN SERVICE GRANT - 2024**

## Application Guidelines and Instructions

1. The application must be typed or printed.
2. Eligibility for this grant is limited to non-profit organizations whose services are directed at problems that have an adverse impact on the well-being of citizens and/or the community being served.
3. Please check that all information on the application related to the agency is accurate and complete, including the purpose for which the grant will be used.
4. Requests for funds more than the minimum will be considered and will depend on the availability of funds and the perceived needs of the program.
5. Chapters only may apply for this grant each year. Any chapter having received the grant for the immediately preceding year will be placed in a low priority.
6. Organizations engaged in fundraising for other agencies are not eligible for this grant.
7. The receiving chapter must submit a final report with supporting documentation to the Executive Board during the reunion business meeting.
8. Completed application must be postmarked by **August 1, 2024,** and mailed to:

 **JANICE CABBELL, Chairperson**

 **KHSNAA National Programs Committee**

 **32 Carrollwood Drive**

 **Tarrytown, NY 10591**

**KIMBALL HIGH SCHOOL NATIONAL ALUMNI ASSOCIATION**

**HUMAN SERVICE GRANT APPLICATION - 2024**

### REQUESTING CHAPTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street/P.O. Box

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 City State Zip

### Agency to receive grant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City State Zip

Describe the agency, including services provided, clients and number served, on-going sources of funds, indicators of success and any other information to support this application.

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 Signature of Chapter President or Designee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 This chapter last received this grant in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Completed application must be postmarked by August 1, 2024