



PO Box 343
Melbourne, FL 32902-0343
www.zacharyproject.org

Grant Application

Name: _____ Date: _____

Address: _____

Phone (H): _____ Phone (W): _____

Fire Dept.: _____ Yrs On Duty: _____

Please complete the following form with as much information as possible. The information created below will be used by the Zachary Project Board of Directors to approve funding. The Board reserves the right to request additional information during the application review process.

Provide background on your child, including age, medical condition. Please provide supporting medical records.

Identify the issues or need that the Zachary Project funding will address and to what extent the funding will alleviate this need or problem. Please provide estimates or receipts.

Amount of funding requested:

We, the undersigned, authorize the submission of this application to the Zachary Project and confirm that the information contained herein is accurate and can be verified as such. We understand and agree that if the requested grant is approved, the disbursement of grant funds will be subject to all grant conditions that may be established from time to time by the Zachary Project. Applicants will be notified of funding via letter.

Signature of Applicant

Date