



In memory of
Darrell S. Pollack

Grant Application

The DP9 Foundation considers grants as requests for educational or recreational scholarships, access to counseling services, non-elective medical services or procedures, and other support needs of children who have lost a parent.

Applicant Information

Name	
Name of child which the grant will benefit	
Address	
Telephone Number	
Email Address	
Name of deceased	
Date of death <i>(attach death certificate)</i>	
Relationship to child	

Program/Service Information

Total cost of the program or services, Which the child will attend or use	
Amount of grant requested	
Date(s) of program or services <i>(if applicable)</i>	
Application deadline(s) of program or services <i>(if applicable)</i>	

(Over)

Providing support for children who have lost a parent

Program/Service Details

1) Please describe, in detail, the program or service to which the grant will be applied. Attach additional pages, as needed, and any descriptive promotional or other materials from the program or services provider.

2) Grants are paid directly to the program or service provider. Please provide the name and address to whom the grant should be made payable.

3) Please describe how this program or service will benefit the child

4) Financial need is one of the factors of the DP9 Foundation's grant decision process. Please discuss whether the child would not be financially able to attend the program or use the services if a grant were not available.

The DP9 Foundation reserves the right to request additional information and documentation from any grant applicant. The DP9 Foundation grant funds are limited; the submission of a grant application in no way obligates the DP9 Foundation to consider or provide a grant.

Providing support for children who have lost a parent