STANDARD APPLICATION FORM

OPEN HANDS

 Mission Statement:  Open Hands dedicates its support to:

* people whose life situation is challenged due to illness or old age
* the care of the health care professional
* the activities of volunteers
* education and research in related areas

Name:

Address:

Telephone Numbers(s):

E-Mail Address:

Contact Person:

Description of Need or Project:

Time Frame for Completion:

Financial Need Estimate:

Date:

Board Notes:

Responses from board members:

openhands@openhands.avenue.org 501(c)3