



GRANT APPLICATION



Name of School (Check Payable to)

Project Name (Required)

(Street Address, City, State, Zip)

(Phone #)

(Fax #)

(Applicant's Name and Title)

(Applicant's email)

We'd like to better serve you. Please help us do that by answering the following questions.:

1. Please provide a brief explanation of how you intend to use the awarded funds and/or why your school or group should be selected.

2. Amount requested? \$ _____

3. To avoid duplicate entries please tell us if your school or group has previously applied for or received grants from H.E.L.P.: Yes _____ No _____

4. Has this specific department/cause previously applied for or received grants from H.E.L.P.? Yes _____ No _____



Signature of Applicant

Signature of Principal

Date

Date



This application may be dropped off at any participating Figaro's Pizza location, faxed to: 503.363.5364 or email directly to H.E.L.P., the Charity at: HELP@figaros.com