

GRANT REQUEST FORM

Complete, sign, and submit this form to the sender within 24 hours of receipt for immediate consideration.

HCHC Leadership Academy is a wholly owned subsidiary of the High Council Holy Church whose mission is to provide and make available school funds to help children in need. Recipients must reside in the District of Columbia, MD, VA, WV, DE, PA and NJ.

SECTION 1: PARENT INFORMAT	ON		
	SSN:		·
	Address:		
	City, Stat	e, Zip Co	ode:
	Telephor	ne:	
	Email:		
SECTION 2: DETERMINATION OF	ELIGIBILITY		
			onsors, and the High Council Holy Church.
 Have you received a Hardship S from HCHC for the past (3) scho 	•	4.	Are you the head of a single parent/guardian household?
Yes – You are not eligible. No – Continue to Question 2. 2. Are you a resident of DC, Baltimore City, or Baltimore County, Maryland? Yes No			Yes No
		5.	Is your hardship due to COVID? Yes No
		6.	Is there a financial hardship?
3. How many dependents?	-		Yes – Continue to Section 3. No – Continue to Section 4.



SECTION 3: EXPLAIN FINANCIAL HARDSHIP			
SECTION 4: PROOF OF RESIDENCY, INCOME, AND SOCIAL STATUS			
SELECT 1 - Check (1) one box that best fits your circumstance.			
\$100 Grants:			
HARDSHIP DUE TO COVID-19 VIRUS — A family interview is required to assess the degree of negative impact caused to the family's ability to education the home due to the virus.			
\$250 Grants:			
FINANICAL HARDSHIP — Recipient must show proof of (1) unemployment, or an (2) audited Profit & Loss Statement.			
50% Grants:			
RESIDENT OF DC, BALTIMORE CITY AND COUNTY (MD) — Recipient must show proof of residency.			
HEAD OF SINGLE PARENT HOUSEHOLD —			
A family interview is required to assess family status. FULL Grants			
FINANICAL HARDSHIP SCHOLARSHIP —			
A family interview is required to assess the level of academic study in the home. Recipient must show proof of earnings at or below poverty level.			
I authorize HCHC Leadership Academy to pull a copy of my credit report to review my credit worthiness.			
Applicant Date			