

**NEVER LOSE HOOP FUND
GRANT APPLICATION**

The Never Lose Hoop Fund was established by JC and Joni Hulls to support children affected by cancer, specifically by providing grants for shared family experiences that will give the children and their families improved quality of life and happiness.

After the Hulls' personal experience with cancer, they realized the value of taking time for fun as a family to lift their spirits. They established this fund to help other families battling cancer enjoy quality time together. Whether it's attending a family camp, taking a hot air balloon ride, or simply canoeing at Lake Monroe, the Never Lose Hoop fund will help provide rest, renewal, and enjoyment for families affected by cancer.

The grants are for families dealing with a current cancer diagnosis or treatment, or those who have experienced the death of an immediate family member to cancer within the last two years. Applications for the grant must be submitted by a referral organization, such as a social service agency, religious organization, educational facility, public assistance organization, or other nonprofit serving children. Applications will be accepted on a rolling basis.

REFERRING ORGANIZATIONAL INFORMATION

Date of application:

Organization Name:

Street Address:

City, State, Zip Code:

Phone No:

Cell Phone No:

Name and Title of Contact Person (please print):

E-Mail Address:

Signature:

PLEASE DESCRIBE YOUR ORGANIZATION AND ITS RELATIONSHIP TO THE RECOMMENDED FAMILY:

FAMILY INFORMATION

Name of Parent(s):

Parent(s) Street Address:

City, State, Zip Code:

Parent(s) Phone No:

Cell Phone No:

Please list the names and ages of other immediate family members who will be participating in the shared experience:

Amount Requested* \$

**(Grants may be up to \$2,500 for each family. Grants may be used to cover expenses related to the family experience. Examples may include transportation costs, meals, registration or ticketing costs, or lodging.)*

Please share a little about the family member's cancer diagnosis and its impact on the family. Please include a letter from a treating physician verifying the diagnosis with this application. If the family member passed away, please include when that occurred.

Please outline the desired shared family experience, detailed costs, and vendors (if known) for the activities.

How will this grant help improve the quality of life or happiness of the family?

**SEND APPLICATION AND DOCUMENTATION TO:
Community Foundation of Bloomington and Monroe County, Inc.
100 South College Avenue, Suite 240
Bloomington, Indiana 47404**

Please make a copy of this application for your organization's records.