

## 2024 APPLICATION

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Beneficiary of Grant Request: \_\_\_\_\_  
(Who is the grant for)

Beneficiary DOB: \_\_\_\_\_

What is Your Relationship to Beneficiary \_\_\_\_\_

Amount Requested (up to \$500): \$ \_\_\_\_\_

How did you hear about *The Fred Gaspari Fund for Families*? \_\_\_\_\_

### Project Description

Briefly describe the need for which your family is seeking support. Consult the **Writing Tips** sheet to ensure you have a strong application. Your description should provide the following information:

- Describe how you will be using the funds
- Describe how the Gaspari fund will help your family
- Outline the total budget of your request

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Deadline

Applications must be submitted no later than **Wednesday, February 15, 2024 by 5:00 PM.**

Please submit application to:

Advocates Family Alliance  
Attn: Pam McKillop  
1881 Worcester Road  
Framingham, MA 01701

Mobile: (774) 279-7467  
Fax: (508) 628-7248  
[PMcKillop@Advocates.org](mailto:PMcKillop@Advocates.org)