

## 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: