



**HCSC**

**Hospital Central Services, Inc.  
Education Fund Grant Application**

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Is your organization an IRS 501(c)(3) not-for-profit?  yes  no

Your organization's IRS TAX ID #: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Please check here to confirm that any potential grant from the HCS Education Form will be used for your organization's educational activities.

Is your application a request for general programming funds to be used at the organization's discretion?  yes  no

*If so, please attach a copy of your organization's IRS certificate and general marketing info for your organization (mission/vision, services provided, etc.)*

- OR -

Is your application a request to fund a specific program or initiative?  yes  no

*If so, please include a general program outline and proposed budget.*

If you are awarded a grant, how will the funds be used?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are awarded a grant, how will Hospital Central Services be recognized for its contribution?

\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail/email completed application and supplemental material no later than November 1.**

2171 28th Street S.W., Allentown, PA 18103

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