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 -

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

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

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

_____

_____

_____

_____

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

_____

_____

Signature of Applicant: _____ Date: _____

Please mail/email completed application and supplemental material between March 1 and May 1.

HCS, Inc Education Fund c/o M. Clemens, 1495 Valley Center Parkway 2nd FL, Bethlehem, PA 18017 | mclemens@hcsc.org