

**Alisha's application for hope**

**Alisha's Love Child Foundation**

In her short life, Alisha tried to reach out and help anyone who she saw was in need. It may have been a hug and some words of encouragement or sometimes by taking it upon herself to become proactive and fix the problem.

This foundation is designed to continue to do what she started, to be a friend to reach out to and try to help. If you reside in the New England area and are between the ages of 15-25 or a family member of this age group looking for assistance, (which will directly benefit someone in this age group) we hope to help you.

Below are three categories this foundation was designed to focus on.. please specify the assistance you are seeking. Our Board of Directors will review your application and be in contact with you within a timely manner. Although we may not always be in the position to meet everyone's needs, we will make our best effort !

**Scholarships: in the memory of a loved one...**

**on behalf of Alisha's Love Child Foundation**

**(presented by loved one's family at school and subject of choice)**

**Financial Emergencies: based on safety, health or economic hardship**

**These financial needs need to be outlined below and verified by 3 professionals, ie: priest or pastor, social worker, nurse or doctor, etc.**

**Volunteering needs: if you are in need of some manual labor ,**

**we may be able to round up some troops to help get the job done !**

please fill out below :

Name of qualifying person: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

(if applying for scholarship in the memory of a loved one)

We are applying for : (please circle and fill out below)

(Scholarship)- in memory of loved one

(Financial Assistance)- please describe circumstance of hardship below:

Three (3) professional references to acknowledge circumstance as outline above:

\_\_\_\_\_ (phone contact)

\_\_\_\_\_ (phone contact)

\_\_\_\_\_ (phone contact)

*(Volunteers)- please describe your volunteer needs below and how it will benefit the needs of a person within our age qualification (see page 1)*

**Mailing address:** \_\_\_\_\_

**Physical address (if different):** \_\_\_\_\_

\_\_\_\_\_

**Contact phone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

\_\_\_\_\_

*Please give any other additional information below which may help our board make decisions regarding assistance:*

**Please return completed application to :**

**[info@alishaslovechildfoundation.org](mailto:info@alishaslovechildfoundation.org)**

**fax# 603-386-6384**

**mailing address:**

**Alisha's Love Child Foundation**

**PO Box 1131**

**Wilton NH 03086**

**Please consider “paying it forward”**

**Visit our website's *Pay it Forward* page for details**