



THE GINNY MEISENBACH SURVIVOR SUPPORT FUND APPLICATION

Carrying on Ginny's vision of helping individual survivors reach their greatest potential.

DATE SUBMITTED:

Referring Organization:

Referring Contact Name:

Address:

State/Zip:

Phone:

Email:

Recipient name:

Amount Requested:

Total Cost for Program/Project:

Briefly describe why you believe the recipient should be awarded the Ginny Meisenbach Survivor Support Grant:

Is there anything else you would like the review board to consider about the recipient?