

*Aladdin Shriners*

# Hospital Association for Children



Date: March 17, 2025

To: Divan, ASHAC Trustees, Club Presidents & Secretaries, Unit Directors & Secretaries

From: Chad Dennewitz, Secretary/Administrator

Re: Annual Distribution of ASHAC Funds

Each year the Aladdin Shriners Hospital Association for Children, Inc. (ASHAC) provides financial support for hospitals and medical care for children under the age of eighteen who need orthopedic or burn treatment. Our goal is to save affected children's lives and restore them to the highest level of usefulness.

Aladdin Shrine Clubs and Units are invited to recommend organizations in their community that may be eligible for financial support. Schools, fire departments, and special needs schools and rehabilitation centers that serve children are examples of qualifying organizations. Our funds may be used to cover the cost of certain medical treatments and purchase special medical equipment that would help children up to eighteen years of age with burns or orthopedic conditions. We do not provide funds for home construction or renovations, nor do we provide routine care for children. We also do not donate to other charities.

If you have an organization to be considered for ASHAC funds, have them complete the appropriate enclosed form. Advise them to be very specific in their summary about what they need and how the funds will be used. In addition, the necessary supporting documentation must be specific regarding the dollar amount of funds being requested.

Thermal Imaging Cameras are awarded in the order the requests are received. It is important that camera requests are received in the office as quickly as possible so the department doesn't miss out due to the request being held. The requests may be scanned and emailed to [cdennewitz@aladdinshrine.org](mailto:cdennewitz@aladdinshrine.org).

If the organization receives funds, they must submit a complete report of how the funds were utilized. The sponsoring Noble should meet with the organization officials and ensure that these requirements are understood. The President, Director or Secretary should complete the bottom portion of the form. **The request will not be accepted if the sponsoring Shriner information is not complete.** The request should be forwarded directly to Kim at the Aladdin Shrine Center.

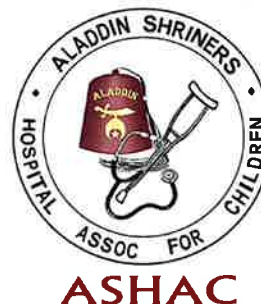
**All requests must be received at the Shrine Center before May 1, 2025. Requests received after this date will not be considered.** Once the requests have been reviewed by the ASHAC Board and approved by the Imperial Counsel, you will be notified of the action taken on the request. Questions should be forwarded to this office at 614-475-2609 ext. 103.

1801 Gateway Circle, Grove City, Ohio 43123

(614) 475-2609 \* [www.aladdinshrine.org](http://www.aladdinshrine.org)

*Aladdin Shriners*

# Hospital Association for Children



## REQUEST FOR THERMAL IMAGING CAMERA

Paperwork is due at Aladdin Shrine by May 1, 2025

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

Contact Person: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Ext) \_\_\_\_\_

Email: \_\_\_\_\_

Tax Identification Number (TIN): \_\_\_\_\_

This request is for one Thermal Imaging Camera with  
two batteries and a truck charger for the use of fire and rescue.

**\*\* ALL REQUESTS MUST BE SPONSORED BY AN ACTIVE ALADDIN SHRINER \*\***

Submitted by Noble: \_\_\_\_\_ Club/Unit: \_\_\_\_\_

Signature: \_\_\_\_\_ Member Number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

BOARD DECISION: [ ] APPROVED [ ] DENIED

1801 Gateway Circle, Grove City, Ohio 43123

(614) 475-2609 \* [www.aladdinshrine.org](http://www.aladdinshrine.org)

# Hospital Association for Children



## REQUEST FOR FUNDS

Paperwork is due at Aladdin Shrine by May 1, 2025

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

Contact Person: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Ext) \_\_\_\_\_

Email: \_\_\_\_\_

Tax Identification Number (TIN): \_\_\_\_\_

Specific Amount of Request: \$ \_\_\_\_\_

**ALL PARTS OF APPLICATION MUST BE COMPLETED FOR REQUESTS TO BE APPROVED.**

Describe in detail how the funds will be utilized. Remember, these funds must be used for the care of children with orthopedic, spinal cord or burn injuries. For equipment requests, include specific detailed pictures of the equipment. If necessary, attach additional pages.

Requests of \$10,000 or more may require an in-person presentation to the ASHAC Board.

If funds are approved, a receipt and a follow-up letter for the use of the funds must be submitted.

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

**\*\* ALL REQUESTS MUST BE SPONSORED BY AN ACTIVE ALADDIN SHRINER \*\***

Submitted by Noble: \_\_\_\_\_ Club/Unit: \_\_\_\_\_

Signature: \_\_\_\_\_ Member Number: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

BOARD DECISION: [ ] APPROVED - FULL [ ] APPROVED - PARTIAL [ ] DENIED