Aladdin Shriners

Hospital Association

for Children

2027 REQUEST FOR FUNDING

Applications are only accepted between February 15 and March 31, 2027.

NAME OF ORGANIZATION			
STREET ADDRESS			CONTACT NAME
CITY	STATE	ZIP	PHONE
TAX ID NUMBER			EMAIL

What is the total dollar amount of your request? $ _____

Describe in detail how the requested funds will be used. Please remember that funds must be used to support the care of children with orthopedic conditions, spinal cord injuries, or burn injuries. For equipment requests, please include detailed pictures of the equipment being requested. Additional pages may be attached if more space is needed. Requests of $10,000 or more may require an in-person presentation to the ASHAC Board. If funding is approved, a copy of the receipt(s) and a follow-up letter explaining how the funds were used must be submitted to ASHAC.

**** ALL REQUESTS MUST BE SPONSORED BY A CURRENT NOBLE OF ALADDIN SHRINERS ****

SPONSORING SHRINER			MEMBER NUMBER	CLUB/UNIT
ADDRESS			CLUB/UNIT	PHONE
CITY	STATE	ZIP	EMAIL	
SIGNATURE				

BOARD DECISION: ☐ FULLY FUNDED ☐ PARTIALLY FUNDED ☐ DENIED