LEONE FOUNDATION, INC.

7612 Bergenline Ave.
North Bergen, NJ 07047

GRANT APPLICATION

Date _____

Your Name_____

Daytime Telephone # ( )_____

Evening Telephone # ( )_____

Family/Individual for whom this Grant is being requested

Name_____

Address_____

_____

Home Telephone # ( )_____

Kindly let us know the circumstances that have led you to apply for a Grant for the above named family/individual; (Attach additional sheets if necessary)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please forward this Grant Application to the address listed above. You may enclose any other information that will assist us during the consideration of this Grant Application. We will contact you by telephone if we are going to give further consideration to your Grant Application. Our application process will include a personal interview with the family/individual(s) and members of our Board of Directors.