



WELLNESS GRANT APPLICATION

(Please return completed application to president@askesp.org)

Please write ASK ESP Wellness Grant Application in subject line.

Name of personal applying _____

Name of building/site/location _____

Date of application _____ Amount requesting (up to \$150) _____

Please describe activity _____

Which of the following components does your activity include (please explain):

~ Physical _____

~ Social _____

~ Emotional _____

~ Intellectual _____

~ Spiritual _____

~ Occupational _____

FOR OFFICE USE ONLY

Date Received _____

Date Presented to Exec Board _____

Approved _____ Yes _____ No _____

Date informed requestor _____