



WELLNESS GRANT APPLICATION

(Please return completed application to admin@askesp.org)
Please write "ASK-ESP Wellness Grant" Application in subject line.

Name of Person Applying: _____

Date of Application: _____

Name of Building or Worksite: _____

Amount Requesting (Up to \$150): _____

Description of Activity or Event: _____

Which of the following components will your activity or event include?

(Circle one and 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 _____