## **HOPE'S ART SHARE**



**Recommendations and Notes:** 

## **Financial Assistance Application**

In furtherance of MSoP's education and mosaic appreciation mission, each year we seek to provide need-based financial subsidies to help members participate in the larger mosaic community. Such subsidies may be used for society memberships, class/workshops, conferences or MSoP events. Financial aid depends on available Hope's Art Share funds. The application must be completed in full to be considered. *All information is confidential*. Each applicant is limited to one award every 3 months.

Mail this form to: MSoP Hope's Art Share, PO Box 9012, Collingswood NJ 08108.

Part 1				
Name of Applicant:				
Age				
Email:				-
Address:				_
Home Phone:	Cell Pho	one:		-
What is the best way to	reach you?			-
Part 2 What would you use the	e subsidy for?			
		Cost:_		
	f your expense? YesNo_ the more people we can help!	Amount:		
Applicant Signature:		Date:		
Parent/Guardian Signati		Date:	<u> </u>	-
*For applicants under 18 y	years old a parent's or guardian's sigr	nature is requirea		
awarded. If you are awa	to award Financial Subsidies in its orded aid and you are no longer abo do so will jeopardize any future apo gmail.com.	le to participate in the pro	ogram, you must notif	y MSoP
Internal Use Only			REV 11/18/2023	-
	Reviewed By: Award Granted:		How long Granted:	-