



3740 Canada Road
Lakeland, Tennessee 38002
Tel (901) 388 - 2423 • Fax (901) 388-2348

MISSION PROJECT FINANCIAL ASSISTANCE APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

What is your mission or service project and when will it take place?:

What organization will you be travelling or working with?:

Have you ever been on a mission trip or participated in a local community service project in the past?:

How much financial support are you requesting? \$ _____

Please attach a document describing your estimated costs (itemized if possible)...

Please attach a written explanation of why the Vision of Hope Foundation should financially support you and your service project...

Are you a member in good standing with the Opticians Association of America:

Yes No

Are you willing to write a summary article and share pictures with the Vision of Hope Foundation upon your return or completion of the project:

Yes No

Please Fax (901) 388 - 2348 or email (chris_allen14@att.net) the completed application with supporting documentation a minimum of four (4) months prior to the service project for consideration of financial assistance.

Best wishes for a successful service project

The Vision of Hope Foundation was formed to promote opticianry education; develop future opticianry leaders; and perform international, national and community based vision related mission work.