



Esse Health Foundation Grant Application

Our mission is to support health, education and research by funding and developing programs and events that raise awareness about health-related issues important to our community.

Date: _____ **Name:** _____

Phone number: _____ **Email address:** _____

Name of Organization: _____

Mailing address: _____

Phone number: _____ **Website:** _____

Tax ID Number: _____

Amount of Request: _____ **Funds needed by:** _____

Project/Cause the grant will be supporting: _____

Please answer the following questions to help us learn more about the organization.

Please provide a description of the organization. (limit to 200 words)

What is the organization's mission, or purpose? (limit to 200 words)

How are the organization's donated funds allocated? How will funds donated by the Esse Health Foundation be used? (limit to 200 words)

How does the organization support the purpose/vision of the Esse Health Foundation, which is to support research, education and informational activities to increase public awareness of health issues? (limit to 200 words)

Why should the Esse Health Foundation make a donation to the organization? (limit to 200 words)

Thank you for completing our application. Please submit to Mary Calzaretta, Esse Health Corporate Counsel, via email: mcalzaretta@essehealth.com, fax: 314-851-4442, or by mail: Esse Health, Attn: Mary Calzaretta, 12655 Olive Blvd., 4th Floor, St. Louis, MO 63141. Each submitted application will be reviewed by the Esse Health Foundation Board of Directors.