

SHICKLEY COMMUNITY FOUNDATION
PO BOX 193
SHICKLEY NE 68436
G R A N T A P P L I C A T I O N

APPLICANT: _____

ADDRESS: _____
(Box) (Shickley, State) (Zip Code)

CONTACT PERSON: _____
(Name) (Title) (Phone No.)

GENERAL CLASSIFICATION OF REQUEST (Check One):

- | | | |
|--|---|--|
| <input type="checkbox"/> Senior Citizen | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Recreational | <input type="checkbox"/> Cultural | _____ |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Social Welfare | _____ |
| <input type="checkbox"/> Character Building & Physical Improvement | | _____ |

PROPOSED USE OF FUNDS APPLIED FOR (Be Specific): _____

PRIMARY SOURCE OF FUNDING FOR PROJECT/PROGRAM: _____

	<u>AMOUNT</u>	<u>PERCENT</u>
FUNDS AVAILABLE AND/OR PLEDGES RECEIVED:	\$ _____	()
AMOUNT OF THIS REQUEST FOR GRANT:	\$ _____	()
BALANCE REQUIRED TO TOTALLY FUND PROJECT:	\$ _____	()
TOTAL FUNDING REQUIRED FOR THIS PROJECT:	\$ _____	(100%)

ANTICIPATED SOURCE OF BALANCE REQUIRED: _____

COMPLETION TIMEFRAME: _____

WHAT IMPACT WILL MAKING THIS GRANT HAVE ON THE COMMUNITY OF SHICKLEY?

NUMBER OF PERSON TO BENEFIT DIRECTLY FROM PROJECT (if applicable): _____

Date: _____

(Name of Applicant)

By: _____

Title: _____