



**THE GLENBORO AREA FOUNDATION INC.**  
**GRANT APPLICATION**

NAME OF APPLICANT OR ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

YEAR ESTABLISHED \_\_\_\_\_ NUMBER OF EMPLOYEES/MEMBERS \_\_\_\_\_

REVENUE CANADA CHARITABLE NUMBER \_\_\_\_\_

**GRANT REQUEST**

PROJECT DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOLARSHIP APPLICANTS MUST ATTACH A COVER LETTER.**

**PLEASE ATTACH A LETTER GIVING DETAILS ON HOW GLENBORO & AREA MAY BENEFIT FROM THE GRANT/SCHOLARSHIP.**

AMOUNT REQUESTED \_\_\_\_\_ APPROX. COST OF PROJECT \_\_\_\_\_

WHEN ARE FUNDS REQUIRED \_\_\_\_\_

OTHER SOURCES OF REVENUE TO BE USED \_\_\_\_\_

TYPE OF GRANT REQUESTED: CAPITAL SUPPORT SCHOLARSHIP OTHER

HAS YOUR BOARD AUTHORIZED THIS GRANT APPLICATION \_\_\_\_\_

IF SO, WHEN \_\_\_\_\_ DURATION OF PROJECT \_\_\_\_\_ START DATE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

{CHAIRPERSON, PRESIDENT, OR TREASURER}

SIGNATURE \_\_\_\_\_

**IF POSSIBLE, A COPY OF THE MOST RECENT FINANCIAL STATEMENT OF THE ORGANIZATION SHOULD BE ATTACHED TO THIS APPLICATION.**