



Application for Grant

All fields marked with * are required

Individual Organizational

*Date of request: _____
(mm/dd/yyyy)

*Type of request: _____
(Check one)

*Applicant or Organizational Point of Contact: Organizational affiliation: (e.g. writers group)

*Name: _____

*Phone: _____

*Address:

*eMail: _____

*Amount requested: \$ _____

*Grants to individuals
are limited to \$250.00.*

*Have you or your organization
previously applied for a LCWG grant?
(Check if Yes)

If yes, when? _____
(mm/dd/yyyy)

*Is applicant under the age of 18?
(Check if Yes)

Name: _____

If under 18, provide the name and contact information
for a parent, guardian, or an organizational sponsor:
(e.g. school or writers group)

Phone: _____

eMail: _____

*Briefly describe your or your organization's goals in amateur creative writing:



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*Describe how the requested grant will be used:

OPTIONAL

Special Considerations:

Check all that apply.

Person(s) with disabilities

Veteran(s)

Branch: _____

Dates of

Service: _____ - _____

Essential worker(s)

Role: _____

Senior(s) (≥ 65)

Young (< 18)

Briefly describe any other special considerations (e.g., low income, unemployed)?

The applicant agrees to provide proof of grant's use within 90 days of award, e.g. receipts.

*Signature:

Signature

Date: _____

(mm/dd/yyyy)

Auto date when e-signed

For applicants younger than 18, a parent, guardian, or organizational sponsor must sign.

*Printed Name: _____