



Application for Grant

Date of request: ____ / ____ / ____

Type of request: Individual Organizational
(Check one)

Organizational affiliation (e.g. writers group name): _____

Amount requested: \$ _____

Grants limited to \$150.00 for individuals.

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

Is yes, when? ____ / ____ / ____

Applicant or Organizational Point of Contact:

Name: _____

Phone: (____) ____ - _____

Address: _____

eMail: _____

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

Name: _____

Phone: (____) ____ - _____

eMail: _____

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

Application for Grant

Describe how will the requested grant be used:

OPTIONAL

Special Considerations (individual or organizational focus):

Check all that apply.

Person(s) with disabilities

Veteran(s) Branch: _____ Dates of Service: ____ / ____ - ____ / ____

Essential worker(s) Role: _____

Senior (≥ 65)

Young (< 18)

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

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

Signature: _____

____ / ____ / ____
Date

Printed Name: _____