



In Your Shoes Grant Application

Date: _____

Referred by: _____

Applicant-Recipient/Requestor Name – Individual(s)

(Last)

(Middle Initial)

(First)

Organization (if applicable)

(Name)

(Title/Department)

(Mailing Address)

(City)

(State)

(Zip)

Email Address _____

Phone _____

Fax _____

Is your Organization an IRS 501(c)(3) not-for-profit Yes or No. If Yes, please provide TIN# otherwise explain:

Amount of Request \$ _____

Date Funds are Needed _____

Please describe your request and explain the need, to include how the funds will be spent and where:

Please indicate: _____ Request Complete Anonymity _____ Permission Given to Use Name(s)

Applicant/Requestor Signature _____

Please type (if possible) and submit completed form to:

In Your Shoes, Attention - Guiding Circle, P.O. Box 19, Westborough, MA 01581

For more information, please email tgavinfam5@aol.com or dledoux1985@yahoo.com.

Appendix C

Bylaws, In Your Shoes

Original 3.24.08 Revised 11.13.11