

CLYDESDALE EDUCATION FOUNDATION

GRANT APPLICATION

DATE: \_\_\_\_\_

NAME OR ORGANIZATION NAME: \_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DESCRIPTION OF GRANT REQUEST: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_

List Other Grant Applications for Same Event: \_\_\_\_\_

\_\_\_\_\_

APPROXIMATE NUMBER OF PEOPLE INVOLVED: \_\_\_\_\_

SUMMARY OF IMPACT OF EVENT IN EDUCATION OF CLYDESDALE HORSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date