



GRANT APPLICATION

Date of Application: _____

Name of organization /school/individual

Address

Amount/donation requested

Grant Contact Information

Name

Address

Email

Phone Number

Relationship to program/individual

Purpose for grant request:

Formed in 2016, the Robbie Davis Memorial Foundation is committed to helping children realize their potential through opportunities in athletics, education, and personal development.

Email request form to: Info@robbiedavis.org

Or mail to either:

Mike Davis

P.O. Box 88

Albany KY 42602

Amy Young

3652 Winding Wood Ln

Lexington, KY 40515

The Robbie Davis Memorial Foundation is a fund held at the Foundation for Appalachian Kentucky