

Grant Application

Geneva National Foundation



Applicant Information

Date:

Name	
Guardian (if minor)	
Street Address	
City, State, Zip	
Telephone Contact #	

Request Description

Provide a detailed description of the intended use of funds:

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Financial Situation / Hardship

Please discuss the financial situation or hardship that underlies this request:

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Requested Funds

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Date Funds Needed

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For GNF use:

BOARD MEMBER ADVOCATE:

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For GNF Use:



Applicant Information

Name	
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Board Member Advocate Recommended Action

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Board Discussion / Decision	Date:
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