



BESTOWERS FOUNDATION

Spend out of what Lord has provided for you seeking His pleasure alone

6023 NW 107th PL, Alachua, Florida 32615, USA

Web: <http://bestowers.org> Email: info@bestowers.org

Phone: 571-354-6224 EIN: 46-4846664

APPLICATION FORM – GRANT FOR RELIGIOUS INSTITUTION

| RELIGIOUS INSTITUTION INFORMATION | | | |
|--|---|---------------------|--|
| Name: | | | |
| Registered State: | | Registered Country: | |
| Address: | | | |
| City: | | Zip: | |
| Phone: | | Email: | |
| Website: | | | |
| GRANT AND PROJECT INFORMATION | | | |
| Requested Grant (USD): | | | |
| Purpose of the Grant: | | | |
| DETAILED PLAN OF THE PROJECT THAT GRANT WILL BE SPENT ON | | | |
| | | | |
| PROJECT DURATION | | | |
| Project Begin Date: | | Project End Date: | |
| <input type="checkbox"/> | Upon receiving grant, I hereby agree to send pictures of the project, if applicable, to Bestowers Foundation via email at info@bestowers.org wherein the pictures comprises a picture before commencing the project and a picture after completing the project. Further, I authorize Bestowers Foundation to use our name and photo for purposes associated with fundraising and fulfilling foundation's goals. | | |
| APPLICANT INFORMATION | | | |
| First Name: | | Last Name: | |
| Title: | | | |
| Email: | | Phone: | |
| <input type="checkbox"/> | I do hereby certify that above information is correct and true. | | |
| Signature of the Applicant: | | Date: | |