



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 – GRANTS FOR UNPRIVILEGED

APPLICANT INFORMATION			
First Name:		Last Name:	
SSN / National ID:		Date of Birth:	
Address:			
City:		State:	
Zip:		Country:	
Email:		Phone:	
Spouse First Name:		Spouse Last Name:	
Spouse National ID:		Spouse Date of Birth:	
FINANCIAL INFORMATION			
Applicant's Occupation:		Monthly Income:	\$
Spouse Occupation:		Monthly Income:	\$
Applicant's Assets:			
Spouse Assets:			
Do you own House:	Yes () No ()	Monthly rent / mortgage:	\$
Other Monthly Liability:	\$	No of Dependents:	
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 checked="" type="checkbox"/>	Upon receiving grant, i) 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; and ii) I authorize Bestowers Foundation to use my name and photo for purposes associated with fundraising and fulfilling foundation's goals.		
SIGNATURE OF THE APPLICANT			
First Name:		Last Name:	
<input checked="" type="checkbox"/>	I do hereby certify that above information is correct and true.		
Signature:		Date:	