

BESTOWER FOUNDATION TM

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

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APPLICATION FORM – GRANT FOR CHARITABLE PROJECT				
APPLICANT INFORMATION				
	First Name:		Last Name:	
SSN	/ National ID:		Profession:	
Address:				
	City:		State:	
	Zip:		Country:	
	Email:		Phone:	
GRANT AND PROJECT INFORMATION				
Requested Grant (USD):				
Purpose of the Grant:				
DETAILED PLAN OF THE PROJECT THAT GRANT WILL BE SPENT ON				
See Aring Places of the Paris o				
PROJECT DURATION				
	Project Begin		roject End Date:	
	Upon receiving grant, I hereby agree to spend 100% of the grant for said project outlined			
	above and send report and/or pictures to Bestower Foundation via email at			
info@bestower.org, upon completion of the project. SIGNATUARE OF THE APPLICAT				
First Name: Last Name:				
☐ I do hereby certify that above information is correct and true.				
		tiny that above information is correct		
	Signature:		Date:	