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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | |  | | | |
|  | **Upon receiving grant, i) I hereby agree to send pictures of the project, if applicable, to Bestower Foundation via email at** [**info@bestower.org**](mailto:info@bestower.org) **wherein the pictures comprises a picture before commencing the project and a picture after completing the project; and ii) I authorize Bestower Foundation to use my name and photo for purposes associated with fundraising and fulfilling foundation’s goals.** | | | | | | | | | | | | | |
| **SIGNATUARE OF THE APPLICANT** | | | | | | | | | | | | | | |
| **First Name:** | |  | | | | | | | **Last Name:** | | | |  | |
|  | **I do hereby certify that above information is correct and true.** | | | | | | | | | | | | | |
| **Signature:** | |  | | | | | | | **Date:** | | | |  | |