**APPLICATION FORM – GRANT FOR CHARITABLE PROJECT**

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| **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** | | | | | | | | |
|  | | | | | | | | |
| **PROJECT DURATION** | | | | | | | | |
| **Project Begin Date:** | | |  | **Project 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 Bestowers Foundation via email at** [**info@bestowers.org**](mailto:info@bestowers.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.** | | | | | | | |
| **Signature:** | |  | | | **Date:** | | |  |