

Aiken Master Gardener Association

Application for Financial Support

Date _____ Date funds are needed _____ Grant Amount Requested _____

1. Name of Applicant and/or Organization Requesting Grant _____

2. Description of Organization _____

3. Non-Profit Status _____

4. Name of Contact Person _____

Mailing Address _____

Phone _____ E-Mail _____

5. Project Name _____

6. Funds for this grant will be used to (check one):

Create a new project _____ Support/expand existing project(s) _____

7. Please describe your goals for the project, including both physical activities, healthy eating objectives and educational aspects of the project. (If this is a school project, include how it relates to your school's curriculum).

8. Other funding and assistance for your project:

Are there any other grants or assistance related to this project which have been applied for or received? _____

What other volunteer efforts and/or materials will you supply or receive to contribute to your project's success?
