

Wilbur Warner Trust Grant Application

(Please handprint or type requested information)

1. GENERAL INFORMATION

Organizational Name _____

Parent Organization Name (If Applicable) _____

Address: _____

Phone Number: _____ Federal Tax ID #: _____

Contact Person: _____

2. PLEASE SUBMIT A COPY OF:

- Your most recent Annual Report or Audited/Certified Financial Statement.
- Your Organization's Mission Statement.

3. DESCRIPTION OF GRANT PROGRAM REQUEST:

4. TOTAL COST OF PROJECT: _____

5. ANTICIPATED FUNDING SOURCES: _____

6. GRANT AMOUNT REQUESTED: _____ (\$5,000 Domestic Request Limit)
(\$3,000 International Request Limit)

I CERTIFY THAT ALL OF THE INFORMATION SUBMITTED WITH THIS APPLICATION IS CORRECT: AND IF GRANT IS AWARDED, THE MONIES WILL BE USED FOR THE PURPOSE STATED.

Name/Title

Date

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- INCOMPLETE APPLICATIONS OR INSUFFICIENT SUPPORTING DOCUMENTS WILL NOT BE PROCESSED.

- THE GRANT COMMITTEE MEETS SEMI-ANNUALLY

APPLICATION DEADLINES ARE: MARCH 1ST FOR APRIL 30TH AWARDS
SEPTEMBER 1ST FOR OCTOBER 31ST AWARDS

- SEND COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:

CHAIRPERSON WILBUR WARNER TRUST
NORTH SHORE BAPTIST CHURCH
5244 NORTH LAKEWOOD AVENUE
CHICAGO, IL 60640

TELE: 773-728-4200 FAX: 773-728-1582