

Date: \_\_\_\_\_



## Grant Application (cont)

If application is illegible, it will not be accepted.

### Grant Applicant

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Grant Applicant is a current member of the Enid Running Club?  Yes  No

### Grant Recipient

Name of Organization: \_\_\_\_\_

Approximate number of participants/runners: \_\_\_\_\_

	Race/Event, Travel Expense, Lodging or other expense	Amount	Circle one	
1			Per team	Per participant
2			Per team	Per participant
3			Per team	Per participant
4			Per team	Per participant
5			Per team	Per participant
6			Per team	Per participant
7			Per team	Per participant
8			Per team	Per participant
9			Per team	Per participant
10			Per team	Per participant
11			Per team	Per participant
12			Per team	Per participant
13			Per team	Per participant
	<b>TOTAL REQUESTED</b>		<b>\$</b>	