



Applicant Information

Name of individual/organization:

Phone: _____

Email: _____

Address: _____

Member? _____ Yes _____ No

Organization Mission:

Please check all that apply:

- My organization directly addresses the needs of an underserved community.
- My organization directly addresses the needs of a minority community.
- My organization relies on donations to cover the cost of our operations.
- My organization receives funding from another organization.

Budget:

- We have a budget of more than \$500.
- We have a budget of \$300-\$499.
- We have a budget of \$100-\$299.
- We have a budget up to \$100.
- We are able and willing to make a financial donation to Anchorage Presbyterian Church from any proceeds.

Signature

Date

Notes: