**SWR Grant Individual Application Form for the Patty Daw Memorial Grant**

Person making the grant request:

Print Name _________________________ Affiliation (SWR Grotto) _______________________

Address __________________________________________________________________________

Phone number _______________ E-Mail Address _______________________________________

**Affiliated Sponsoring Organization** supporting this SWR Grant:

Name _________________________ Contact Person ____________________________

Title/Office ______________________ Address ______________________________________

Phone number _______________ E-Mail Address ______________________________________

Please summarize any matching funds & volunteer hours: ________________________________

________________________________________________________________________________

Name of Project the SWR Grant is being requested for: ________________________________

Why should the Southwestern Region of the NSS donate money to this project?

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Please Summarize Budget for these funds: ____________________________________________

________________________________________________________________________________

________________________________________________________________________________

Amount Requested: __________

Certification:
From my knowledge, I certify that the information given in this application is correct.

Signature of Requestor _______________ Date __________________

Deadline for application September 30. Send the completed application form to:

Southwestern Region of the NSS

c/o Kate Bach, Treasurer

PO Box 65622

Albuquerque, NM 87193