

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