INITIAL APPLICATION FOR FUNDING

Grant Application Title

Organization Name

Organization EIN To Confirm 501(c)(3)

Organization Website

Contact Person's Name and Title

Email   **Phone**

Person responsible for administration of grant funds (Name and Title):

Total Funds Requested:

Internship Start Date(s)   **Internship End Date(s)**

New Internship program ☐
Existing Internship program ☐