

EL AMISTAD LEADERSHIP GRANT APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Business Phone	Cell Phone:
Current address:		
City:	State:	ZIP Code:
County:	How long?	

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Name of Manager:	

PROGRAM SEEKING TO APPLY

Name:		
Address:		Program Contact:
City:	State:	Phone:
Amount of Grant Dollars Requested (<i>not to exceed \$2,000</i>)		

SPOUSE INFORMATION

Name:		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		

APPLICANT EDUCATION

High School Name	City/State	Graduate (yes/no)
College or Trade School	City/State	Degree/Year

SIGNATURES

I authorize the verification of the information provided on this form as to my employment, residence and Program participation. If Grant is awarded, I agree to actively participate as an El Amistad Member by attending monthly meetings and volunteering for at least one Fund Raiser, for a minimum of one year, from date of Grant. Failure to do so, will result in revocation of 1/2 of Grant amount. I have received a copy of this application.

Signature of applicant:	Date:
Approval Signature (Club President):	Date:

