

GRANT APPLICATION - - -HELPING HAND FUND

1. Name of registered quilting group: _____

2. Representative: _____ Phone #: _____

3. Application date: _____

4. Name of charity: _____

5. Reason for grant:

Batting

Backing

Quilting

6. Number of quilts:

7. Quilt Size: Twin

Double

Queen

King

8. Expected completion date: _____

9. Amount requested: _____

10. Amount approved: _____

Executive Committee Decision:

Approved

Rejected

Decision Date

Signature