| El Amistad leadership Grant Application | | | |
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| 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 (*not to exceed $2,000*) | | | |
| 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 |
|  |  | |  |
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| 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 ½ of Grant amount. I have received a copy of this application. | | | |
| Signature of applicant: | | | Date: |
| Approval Signature (Club President): | | | Date: |