| 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: |