

15 Wing Fellowship Inc. Grant/Funding Application

Name of Applicant: _____

Address: _____

City/town: _____ Postal code: _____

Phone: _____ Cell: _____ e-mail _____

Website address: _____ Facebook: _____

Contact Person (if not as listed above):

Name: _____ Position: _____

Address: _____

City/town: _____ Postal code: _____

Phone: _____ Cell: _____ e-mail _____

Incorporation date (if applicable): _____

Charitable Number (if applicable): _____

Please provide an historical summary/background of the applicant:

Total cost of project/initiative: _____

Amount of funding being requested: _____

List the objective of the project or initiative, provide a description and explain how this funding would be used:

Please list any other funding sources and amounts:

Source: _____ Amount: _____

Source: _____ Amount: _____

Start date: _____ Expected completion date: _____

Please attach a budget for the initiative/project, if applicable.

Please attach organization's most recent year-end financial statement, if applicable.

Provide any other information that may be relevant to this application: (attach additional sheets if necessary): _____

Date of application: _____

Signature of Authorized Representative of Applicant: _____

Please mail applications in confidence to:

**15 Wing Fellowship Inc.
1067 Third Ave. N.W.
Moose Jaw, Sask. S6H 3T8
or e-mail to:
ronjoy@sasktel.net**

Version 1.0