



Awakon Community Advocacy Council 2026 Grant Application

Date of Application
Name of Organization
Mailing Address
Telephone
Email
Website
Contact Person/Title
Contact Telephone
Project Name
Purpose

Amount Requested (up to \$2,000)
Would This Be Your Only Source Of Funding?
Geographic Area To Be Served Applicant
Signature
Print Applicant's Name

Please attach a summary of project description- include goals and objectives, cost estimates, etc. The information contained in this statement is for the purpose of obtaining funding from Awakon FCU on behalf of the undersigned. The undersigned understands that the information provided herein is used to consider the request for funding, that the information provided is true and complete, and that Awakon FCU may consider this statement as continuing to be true and correct until a written notice of a change is provided.

Awakon FCU is authorized to make all inquiries they deem necessary to evaluate the application made herein. Awakon FCU takes the necessary steps to protect the information submitted, but cannot guarantee complete confidentiality. All information submitted is maintained for inspection by auditors and is not returned to the organization.