



Awakon Communities Advocacy Council Grant Application

- ① Date of Application
- ② Name of Organization
- ③ Mailing Address
- ④ Telephone
- ⑤ Email
- ⑥ Website
- ⑦ Contact Person/Title
- ⑧ Contact Telephone
- ⑨ Project Name
- ⑩ Purpose
- ⑪ Would This Be Your Only Source Of Funding?
- ⑫ Geographic Area To Be Served

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.

Applicant Signature

Print Applicant's Name