

Appendix C

In Your Shoes
Grant Application



Date: _____

Referred by: _____

Applicant-Recipient/Requestor Name – Individual(s)

(Last) (Middle Initial) (First)

Organization (if applicable)

(Name) (Title/Department)

(Mailing Address) (City) (State) (Zip)

Email Address _____

Phone _____ Fax _____

Is your Organization an IRS 501(c)(3) not-for-profit Yes or No. If Yes, please provide TIN# otherwise explain:

Amount of Request \$ _____ Date Funds are Needed _____

Please describe your request and explain the need, to include how the funds will be spent and where:

Please indicate: _____ Request Complete Anonymity _____ Permission Given to Use Name(s)

Applicant/Requestor Signature _____

Please type (if possible) and submit completed form to:
In Your Shoes, Attention - Guiding Circle, P.O. Box 19, Westborough, MA 01581
***More information, please email dledoux67@yahoo.com or tgavinfam5@aol.com.