



SECTION 1: RECIPIENT

Name:		
Current Address:		
Phone:	Email:	Date of Birth:

SECTION 2: ADULT REQUESTING FUNDS

Name:		
Current Address:		
Phone:	Email:	Relationship to recipient:
I agree that, to the best of my knowledge, the above information is accurate.		Date:
Signature of adult:		

SECTION 3: PROGRAM DETAILS

Activity for which the grant will be used:		
Activity Start Date:	Full Registration Cost:	Grant Request (max \$250):
Organization Name:		
Address:		
Phone:	Email:	Contact Name:

SECTION 4: REFERENCE

Name:		
Position:	Organization:	
Address:		
Phone:	Email:	
I have thoroughly read and understand the guidelines of DC Art Fund and agree this applicant meets the guidelines. I believe the family of this applicant has financial need and a grant from DC Art & Wellness Fund would allow the child to participate in an established program. I agree to participate in a brief telephone follow-up if required.		
Signature of Reference:		Date:

OFFICE USE ONLY:

Applicant Number:	Processed by:	
Approved By:	Date:	
Approved Funding:		