



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 and confirm that the recipient would not be able to participate without the requested funds. Signature of adult:		Date:

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:		