

R.A. Long High School Alumni Association

www.ralongalumni.org

Grant Application Form

Date: _____

Faculty: [] Other: []

Applicant Name: _____ Title: _____

Address _____

City, State, Zip _____

Phone: _____ Email: _____

I request grant funds to cover the following costs for the purpose of: _____

Will School District pay for part of the costs: Yes [] No []

Explain: _____

[] Registration Fee @ \$ _____ \$ _____

[] Hotel @ \$ _____ / night for _____ nights \$ _____

[] Transportation \$ _____

[] Other* \$ _____

TOTAL Grant Request \$ _____

I have received a commitment from another source to pay the following costs for the purpose of:

[] Registration Fee [] Hotel [] Transportation [] No Financial Support [] Other

*Here is a brief description of intended use of grant award and the benefits I expect to derive from this award/seminar/etc.

I certify that I will not otherwise receive payment or reimbursement for the expense items for which I have requested grant funds.

Applicant's Signature

Date

For R.A. Long High School Alumni Association Use Only

Date Received from Applicant: _____ Date Board voted: _____

Date Applicant Notified: _____

[] Application Approved for: [] Registration Fee [] Hotel [] Travel [] Other (Check all that are granted)

[] Application Denied, Reason: _____

RETURN FORM TO: R.A. LONG ALUMNI ASSOCIATION ** PO BOX 895 LONGVIEW, WA 98632**