

R.A. Long High School Alumni Association

www.ralongalumni.org

Grant Application Form

Date: _____

Applicant Name: _____ Grade: _____

Address _____

City, State, Zip _____

Phone: _____ Email: _____

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

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

*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**