CORWIN-MEMORIAL TRUST FUND

APPLICATION FOR REQUEST OF FUNDS

Please submit this application, *along with 11 additional copies*, to Bank & Trust Company no later than 9:00am of the deadline date given on our website. **The application deadline will be strictly followed.**

	y followed.	inie date given on our website. The appr	cation deading	will be
	Date Request Submitte	ed:		
1.	Organization Submitt	ing Request:		
	Contact Person/Organ	ization Representative:		
	Phone Number:			
	Address:			
	** Please submit pr	oof that your organization is Non-p	orofit or Tax-e	xempt.
2.	Amount Requested:			
3.	Date funds are neede	d:		
4.		funds are to be used, during what time be served by this request.	e period and ho	w
	any grant, trust or for over the past 5 years.	nization of the amount, purpose and reundation awards your organization or go Use and additional sheet if needed.	group has receiv	red
Year	r Source of Funds	Purpose of requested funds	Amount	Remaining

Year Awarded	Source of Funds	Purpose of requested funds	Amount Awarded	Remaining funds

As with any Charitable Trust that grants funds, a measure of accountability is expected of the organization enjoying the benefits of those funds. The Corwin-Memorial Trust expects that funds will be utilized for the outlined and intended project/service as quickly as possible. Confidence exists from the Corwin-Memorial Trust that each organization awarded funds will exhibit accountability, produce results, and use the awarded funds as intended. The Corwin-Memorial Trust Committee may request/inquire as to the status/result of products/projects/ services funded. Future accountability may be requested of your organization.