



# Grant Application

## Sponsor Information

(Name of Rainbow Academy contact who referred you. May be investor, staff or parent)

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Applicant Information

(Name of person or organization requesting assistance)

Organization (If applicable) \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
*Organization Name*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Purpose of the Grant

(Please write at least one paragraph or attach sheet)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Category:  Family Education     Family Health     Family Planning     Rainbow Dreams

Date funding is needed: \_\_\_\_\_ Geographic Area being served: \_\_\_\_\_  
*County Town*

I HEREBY CERTIFY that the foregoing information and statements on this Grant Application made by me are true and accurate.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_