

Southern District Youth Sports GRANT PROGRAM APPLICATION

CENTURY INSURANCE COMPANY QC#250

DATE OF REQUEST: _____ AMOUNT REQUESTED: \$ _____

NAME OF REQUESTOR/ORGANIZATION: _____

ADDRESS: _____ EIN#: _____

CONTACT PERSON: _____

CONTACT NO.: _____ EMAIL ADDRESS: _____

CHECK AS APPLICABLE:

A SPORT

Baseball Basketball Tennis Football Volleyball
 Golf Rugby Soccer Other (please specify) _____

B YOUTH AGE GROUP

2 to 4 5 to 7 8 to 10 11 to 14 15 to 18

C TEAM VILLAGE

Agat Inarajan Yona Merizo
 Santa Rita Talofofo Umatac

D USE OF GRANT FUNDS

Entry fee Uniforms Trophies/Medals Off Island Tournament travel
 Equipment Other (please specify) _____

SIGNATURE OF REQUESTOR: _____ PRINT NAME: _____

- Please submit letter of request with this form, with supporting documents.
- If grant approved, awardee must publicly acknowledge Qualifying Certificate contributor.
- GEDA will not consider more than one grant request from the same applicant in a twelve (12) month period.

FOR INTERNAL USE ONLY:

League Officials Team Roster Team Request Letter
 Other _____

QC Beneficiary: _____ QC No. _____

Meets intended use of funds: Yes No Certification of Funds: _____

Approved Disapproved

Jay Rojas, Chief Executive Officer/Administrator

