



Roanoke Law Foundation Grant Application

I. APPLICANT

Please type or print in **BLACK** ink.

Name:

Address:

City/State/Zip:

Applicant is a: for-profit non-profit (IRS designation: _____) other

Contact Name: Title:

Phone: Email:

Amount of Grant Requested: \$ Approximate Date Grant will be used:

Beneficiaries of Grant:

Statement of how funds will be used consistent with the Roanoke Law Foundation Mission (attach sheets if necessary):

Multiple horizontal lines for writing the statement of how funds will be used.

ADDITIONAL INFORMATION

Provide any additional information that you would like the Trustees to consider (attach sheets if necessary).

All information in this Application is for the purpose of obtaining financial support and will be relied upon by the Foundation Trustees. By submitting this Application, you certify that you are authorized by the Applicant to submit this information to the Foundation, that the information contained herein is true and correct, and that you have read and agree to all terms and conditions set forth in the Foundation's Grant Policy.

Signature of Applicant:

Date: