



GRANT APPLICATION

ORGANIZATION INFORMATION

ORGANIZATION NAME				ORGANIZATION PRESIDENT	
STREET ADDRESS			WEBSITE		
CITY	STATE	ZIP CODE	TELEPHONE NO.	FAX NO.	E-MAIL ADDRESS
CONTACT <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.			TITLE		
Is your organization funded by the United Way? <input type="checkbox"/> Yes <input type="checkbox"/> No					
EMPLOYER IDENTIFICATION NUMBER (EIN) or Federal Tax ID Number: A nine-digit number assigned by the Internal Revenue Service					
Have you previously applied for a grant from the First Savings Charitable Foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If your organization has received funding from the First Savings Charitable Foundation, please list the project name, the date received and the amount awarded:					
PROJECT NAME:		DATE RECEIVED:		AMOUNT AWARDED: \$ _____	
Briefly describe the mission, goals and objections of your organization.					

PROJECT INFORMATION

PROJECT NAME		
DATE OF PROJECT	TOTAL PROJECT COST \$	AMOUNT REQUESTED \$
HOW MANY PEOPLE WILL THIS PROJECT BENEFIT?	IN WHAT COUNTY IS YOUR PROJECT LOCATED?	
Briefly describe the project, its goals and objections, for which you are requesting First Savings Charitable Foundation support.		
List any First Savings Bank employees involved in this project and describe their role.		