



# WOMEN'S GIVING CIRCLE

Application For Grant

**Application**  
**DUE DATE 2024:**  
**September 1**

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

NAME OF WOMEN'S GIVING CIRCLE APPLYING TO:  
(Rensselaer, Remington or DeMotte): \_\_\_\_\_

LEGAL NAME OF AGENCY Requesting Funds: \_\_\_\_\_

Federal Tax ID# or EIN# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Pertinent Dates Involved: \_\_\_\_\_

PROGRAM DESCRIPTION (of the *(Give ONE BRIEF CONCISE SENTENCE)*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Submit the following:*

1. A list of the Officers and Board of Directors.
2. A copy of the organization's Federal 501 (c) 3 Tax Exemption letter from the Internal Revenue Service.
3. A one-page narrative on why this proposal is important to your organization and the community. Funding is very competitive, and often, a fully funded request cannot be granted. Please discuss alternative sources of funding in your narrative.

Please submit applications to:  
**Jasper Newton Foundation, Inc.**  
P.O. Box 295  
Rensselaer, IN 47978  
219-866-5899

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FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Category: \_\_\_\_\_ Date Denied: \_\_\_\_\_

Amount Granted: \_\_\_\_\_

Special Grant Conditions: \_\_\_\_\_