

MISSOURI STATE QUILTERS GUILD

GRANT APPLICATION

APPLICANTS NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

AMOUNT REQUESTED: _____

PURPOSE OF GRANT:

WHY DO YOU FEEL THAT THIS PROJECT FITS THE QUALIFICATIONS OF A MSQG GRANT?

AFTER COMPLETION OF THIS PROJECT, IS THERE A PROGRAM THAT CAN BE PRESENTED TO MSQG ON THIS PROJECT?

**** You can copy this page into a Word document so that you can type your answers