

**KENDAL C. AND ANNA HAM CHARITABLE FOUNDATION
GRANT APPLICATION**

Circle which meeting you are applying for consideration of your request:

APRIL OCTOBER

Name of Organization _____

Address

Telephone Number

Town

Fax Number

Amount of Request

E Mail

President/Executive Director (Print)

Date

Have funds for this purpose been requested from other sources? Yes ___ No ___

If yes, to whom? _____

Signature

Has this grant application been approved by your Board?

Yea Nay

Date _____