

GRANT APPLICATION FORM 2016



Name: _____ Email: _____

Organization: _____ Position: _____

Foundation : _____ 501©3: _____ I.D.#: _____

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Cell: _____ Fax: _____

Web Site: _____

Description & Details of Tennis Program:

Start Date: _____ Finish: _____ Grant Amount Request: _____

Check Payable to: _____

(For official use only)

Request Accepted: _____ Declined: _____ Amount: _____

Attention: Rosie Casals
Love & Love Tennis Foundation
810 Snow Creek Canyon
Palm Desert, CA 92211
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Sportswomn@aol.com
www.sportswomanevents.com