



**"Girls in Motion" Grant Application**

All applications will remain confidential between the parties named herein. You will be notified within one week upon receipt of this completed form. The fund intended to support girls supporting their athletic passion, regardless of financial background or ability level, this fund will support girls pursuing their athletic passions. Girls in Carbon County under the age of 18 can apply for money to help fund: athletic clinics, team sport participation, tournaments, lessons, conferences, or equipment needs. Preference will be given to first time applicants.

**Application for Funding-One Topic/Girl Per Application**

Name of Girl: \_\_\_\_\_ Name of Parent/Guardian: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Persons In Family/household	Household Income
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260

Age of Youth: \_\_\_\_\_

Amount to participate:  
\$ \_\_\_\_\_

Amount Requested from Fund:  
\$ \_\_\_\_\_

**OPTIONAL**

Please check one circle:

Is the youth household income below the income guidelines?

Yes  No

Going through change or crisis (divorce, death, health issues, job loss)

Yes  NO

Describe the activity:

\_\_\_\_\_

\_\_\_\_\_

Duration of the activity: \_\_\_\_\_ How many classes/meetings? \_\_\_\_\_

For more information, or to return completed application to: [communitygrantmaking@rlacf.org](mailto:communitygrantmaking@rlacf.org), or P.O. Box 1871, Red Lodge, MT 59068 or at the Foundation offices located at 122 Hauser Avenue South, in grey drop box located in the entryway (slot on top). Call 446-2820

Briefly describe how this activity will benefit the youth: \_\_\_\_\_

\_\_\_\_\_

Have you checked to determine if scholarships are available from the service provider or elsewhere? Yes or No. If yes, have you applied? Yes or No

If yes, what was the outcome? \_\_\_\_\_

\_\_\_\_\_

What is the youth participant and/or the family's plan for obtaining the total amount of funding needed to participate?

\_\_\_\_\_

\_\_\_\_\_

List other information pertinent to the application? \_\_\_\_\_

\_\_\_\_\_

**Service Provider Information (All grant awards are made payable directly to the provider):**

Name of Service Provider: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**Applicant Signature:**

Adult Signature: \_\_\_\_\_

**Foundation Only:**

Date Application Received (to be completed by the Foundation): \_\_\_\_\_



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