NEVADA SOCIETY OF SCOTTISH CLANS GRANT APPLICATION

Group/Individual/Organization Applying:	
Address:	
	Zip:
Phone:	E-Mail:
Project title:	
Start-End Date:	·
	Total Project Cost:
Geographic Area Served:	
Contact Person:	Title:
Address:	
	Zip:
Phone:	E-Mail:
Yes No If yes, Project Name: Grant Amount:	
Applicant's Name:	
Date Submitted:	