

The Westhaven Foundation, Inc.

Application for Grant Assistance

Date _____

Applicant / Organization _____
(Please attach a complete description of your organization with a list of the principals)

Address _____
Street City State Zip

Phone - - E-Mail _____

Status with the IRS (if not an Individual or Family) _____

Individual Making Request _____

Contact Information _____
(If Different from Above)

Relationship to Applicant _____

Nature of Need _____
(Please attach a brief statement as to how this grant will be used and will benefit the applicant)

Amount of Request _____ Time Frame of Need _____

Finances – Please provide organizational or individual financial information available, including but not limited to Operating Budget, Project Budget, Audit, Tax Return, etc.

Westhaven Affiliations _____

Additional Endorsement(s) _____

List of Other Information Submitted _____

For Foundation Use Only

Name Action Date

Name Action Date

Name Action Date