



The Rotary Club of Tryon Foundation, Inc.

PO Box 923, Tryon, NC 28782

Grant Application

1. Name of Organization: _____
2. Contact Name and Title: _____
3. Phone Number: _____
4. Mailing Address: _____
5. Street Address (if different): _____
6. E-mail Address: _____
7. Length of existence of organization: _____
8. Tax Status of Organization: _____
9. Timeline for the Project: _____
10. Amount requested: _____
11. Total estimated cost: _____
12. Other sources of funds for this project only:

13. If co-sponsored, identify who is responsible for completion of the project:

Required Signatures:

Executive Director: (Name & Signature) _____

Governing Chairperson: (Name & Signature) _____