

THE LEGION FOUNDATION

*16612 Russo Drive
Copemish, Michigan 49625*

APPLICATION FOR ORGANIZATION GRANT

The Legion Foundation, a Michigan Nonprofit Corporation, anticipates that it will make grants to qualified candidates to foster and promote public awareness and adoption of the moral and ethical principles of Christian religions. To be eligible for consideration an organization must submit a completed application form. Any granted funds will be awarded among approved applicants without regard to race, sex, or financial need of the applicant organization's program beneficiaries, and any grant awarded will be paid directly to the organization. Further information on the terms and conditions of the organization grant program is available from the Foundation. If your organization wishes to be considered for a grant please complete this form and send it to the Foundation at the above address.

PART I: ORGANIZATION INFORMATION

Name of Organization

Telephone Number

Street Address

City, State, ZIP

Religious Affiliation (if any)

Name (and email address) of Organization Official Completing This Application

II. ORGANIZATION HISTORY

Is the organization a corporation? If so, in what state and year was it incorporated?

Yes ____ No ____

State _____
Year _____

Is the organization associated with a specific church?

Yes ____ No ____

If so, which church?

III. GRANT INFORMATION

Have the organization received a grant from the Foundation in the past?

Yes ____ No ____

If so, when?

Will your organization be available for an inspection at the request of the Foundation?

Yes ____ No ____

Will financial information relating to the intended use of the grant be available at the request of the Foundation?

Yes ____ No ____

On page 4 of this application, please provide a brief statement describing the organization and its intended use of the grant. Since Foundation grants are intended to promote a recipient's ability to facilitate and encourage the study and maintenance of the Christian faith in the secular world, please provide any information you feel would be helpful in evaluating your application. Use additional sheets if you desire.

Please forward your completed application to the Foundation at your convenience. Applications will be reviewed as received. You will be notified of the Foundation's decision on your application.

By signing this application you are certifying that the information you have provided is true to the best of your knowledge. Thank you for your application.

Organization

BY:

Name and Title *Date*

