



## Calvin Academy For Lifelong Learning CALL Service Grant Application

Date of Application: \_\_\_\_\_

CALL member submitting the request: \_\_\_\_\_

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

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

e-mail: \_\_\_\_\_

Organization or group which will benefit from the grant:

\_\_\_\_\_

Describe the volunteer project. When and where did/will it take place?

\_\_\_\_\_  
\_\_\_\_\_

How much funding are you requesting and for what purpose?

\_\_\_\_\_  
\_\_\_\_\_

How will you report to CALL about the project that is being supported by this grant?

\_\_\_\_\_  
\_\_\_\_\_

For office use only:

Date Rec'd:

Date Reviewed and by whom:

Date of Board approval:

Date check issued and to whom:

Follow-up report received by whom and when: