

COMMISSIONERS OF THE TRUST FUNDS

GRANT APPLICATION

BLOOD, BIGELOW, WARREN SHEPLEY, AMES LECTURE FUND

Applicant's Name:

Address and Phone:

Organization's Name:

Organization's Background:

Name and Date of Event:

Location of Event:

Description of Event:

Target Audience:

Estimated #:

Publicity Plans:

Proposed Funding Sources:

Proposed Budget: (Please attach if necessary)

Proposed Grant Amount:

For GDRSD applicants: Principals approval:_____

Please mail completed application to: Commissioners of the Trust Funds, 173 Main Street, Groton, MA 01450

