



## CITY OF MARLIN Micro-Grant Application

### Registration Form

Step 1: Tell us about You and Your Funding Needs

First Name/Organization Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Zip: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Gender: \_\_\_\_\_

What Is Your Age?

Citizenship Status: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Employment Status: \_\_\_\_\_

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

Choose which type of funding you are requesting micro-granting assistance for:

#### **Funding Categories:**

##### **Business:**

Startup Capital, Expand Business, Home Based Business

##### **Community:**

Performing Arts, Humanities, Crime Prevention, Disaster Relief / Prevention

**Education / Tuition:**

Tuition, Student Financial Aid, College or Training Scholarships,

**Real Estate:**

Personal Home Purchase / 1st Time Home Buyer Only within the City of Marlin

**Personal Assistance:**

Medical Expenses, Food Stamps, Child Care, Home Repairs

**How Much Money Are You Going to Need?** \_\_\_\_\_

Briefly Describe What You Will Use the Money For:

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What Unique Things Would Separate You from Other Applicants Applying for This Money?

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What Email Address Would You Like to Use and Your Username for Your Grant Application Account?

Ex: [yourmail@hotmail.com](mailto:yourmail@hotmail.com), File Name: