

SAN FRANCISCO CHAPTER, AMERICAN GUILD OF ORGANISTS
SPECIAL PROJECTS COMMITTEE

GRANT QUESTIONNAIRE - INDIVIDUAL

Use this form only if you are applying as an individual

1. _____
Your name

2. _____
Social Security Number

3. _____
Address

4 _____
Telephone/Cell Email

5 _____ 6. _____
Amount Requested Date(s) funds to be used

7. _____

8. _____

Purpose of project (This is a statement of purpose, not a complete description of the project.)

9. _____

Total Budget of project showing all expenses and all resources(Please attach another page if needed)

10. _____ 11. _____
Signature Date

12. On another page, please include three references with your application