

# **Application for Memorial Fund Grant**

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COURSE DATES: \_\_\_\_\_

COURSE TITLE(S): \_\_\_\_\_

COURSE COST: \_\_\_\_\_

**Note:** Maximum awarded per member per year is \$25.00. Application must be submitted 6 weeks prior to course date. Course must be sponsored by VI District Inc, Federated Garden Clubs of New York State, or National Garden Clubs Inc.

## **SEND APPLICATION TO:**

Cheryl Miller

953 Barry Hollow Rd. Marathon, NY 13803-3323