

ASHFIELD CITIZENS SCHOLARSHIP AND COMMUNITY FUND

APPLICATION FOR COMMUNITY GROUPS

FOR ASHFIELD ORGANIZATIONS ONLY

Name of group or organization _____

Address/Contact Person/Tel. No. _____

Statement of proposal: Specify need in applying, include name of project, expected date of completion, and community usefulness. (Please attach additional page if needed)

FINANCIAL STATEMENT

INCOME (Expected) AND ASSETS

Contributions \$ _____

Dues \$ _____

Matching Funds \$ _____

Savings Accounts \$ _____

Other Assets \$ _____

Annual Net Income \$ _____

EXPENSES (Estimated)

Specify:

Total \$ _____

BACKGROUND INFORMATION

Specify:

Type of organization (volunteer, govt., etc.) _____

How long in existence: _____

Number of members: _____

Fundraising projects during the last 2 years:

How is the community served by the group?

You may provide any additional information that would help the committee to decide why you should be considered for this grant.

Applicant signature _____ Date _____

Postmark by April 3rd and mail to: Ashfield Citizens Scholarship & Community Fund, Inc.
P.O. Box 120
Ashfield, MA 01330