

STUDEBAKER NATIONAL FOUNDATION
Grant Application

Name of Organization

Date of Application

Address

EIN

City State Zip

Telephone Number: _____

E-Mail: _____

Person to contact regarding this proposal:

Name Title

Project Budget: _____

Amount Requested: _____

Please summarize proposal in 1-5 sentences:

Who will this grant help and how? (1-5 sentences)

Return completed application to:
Linda Derbidge
P.O. Box 151854
Ely, NV 89315
alderbidge@gmail.com