

The Labyrinth Society Special Project Grant Application

Name of Applicant(s) or Applying Organization _____

How may we contact you?

Postal Address _____

Phone _____ Fax _____

Email _____

Amount requested in \$US _____

Briefly describe your financial need (25 words)

Provide a clear outline of your plan for the use of this grant, including answers to the following: Will it be used for goods or services or both? When will you require the grant money? How will it benefit your project? How important is it to the success of your project? Who will receive and administer the grant money? Will you be able to provide receipts? Are you willing to provide a follow-up report after the grant has been spent?

How do you plan to share the fruits of your project with the general membership of TLS?

Additional information that will help us understand your request

**Submit this form by post to: Diane Terry-Kehner, Special Projects Chair
419 Carew Avenue, Pitman, NJ 08071-1810, USA**

Or as an email attachment to: specialprojects@labyrinthociety.org