



## APPLICATION FORM

### Organization Information:

Name of Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact's Name: \_\_\_\_\_

Contact's Phone: \_\_\_\_\_

### General Information:

Has your organization previously been awarded programs from Aim For Success as a part of the Freedom for All project? If so, when?

\_\_\_\_\_

Has your organization paid for Aim for Success to present to your organization before? If so, when?

\_\_\_\_\_

Is your organization a 501 (C) 3? \_\_\_\_\_

If Yes, please provide your Tax ID #: \_\_\_\_\_

### Office Use Only:

Date Received: \_\_\_\_\_

Date Record of Receipt was mailed: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_

Number of Programs Awarded: \_\_\_\_\_

Date of Applicant Notification: \_\_\_\_\_

Date(s) of Programs: \_\_\_\_\_

Total Number of Participants: \_\_\_\_\_