



## GRANT APPLICATION

Please type into the form, sign it digitally, and email it to [kferris@salemjazzsoul.org](mailto:kferris@salemjazzsoul.org)

### APPLICANT INFORMATION

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School/Organization:** \_\_\_\_\_

**Contact Person (if different than applicant):** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### GRANT INFORMATION

**Amount Requested:** \_\_\_\_\_

**Name on Check:** \_\_\_\_\_

**Please tell us your financial needs:**

- ☐ equipment purchase
- ☐ programming assistance (e.g. workshops, master classes, etc.)
- ☐ scholarship assistance (e.g. for camps, special programs etc.) please attach separate statement of need.
- ☐ other(please describe): \_\_\_\_\_



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Does this serve primarily schoolchildren (grades pre-K to 12)? ☐ Yes ☐ No

If yes, where does the project take place? ☐ In-school ☐ After/Out-of-school (please describe)

If no, please elaborate on who this grant will serve: \_\_\_\_\_

Who is the target audience for this project (specific grade level or students)? (150 characters)

**\*\*Please attach an additional page describing your needs.\*\***

Authorized Signature: The digital signature below is that of the person authorized to testify as to the accuracy of this application and the person who agrees that the required acknowledgment will be given to the Salem Jazz and Soul Festival, if this application is approved.

Signature

Date

FOR JAZZ FESTIVAL USE ONLY

\$ \_\_\_\_\_

Amount Approved

Signature of Authorized SJSF Member,

Title,

Date