

RUDOLF STEINER BRANCH

SCHOLARSHIP FUND APPLICATION

To the applicant: Please fill out and return this form to any member of the Board of Directors of the Rudolf Steiner Branch of North Carolina.

Applicant's Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone(s): _____

email: _____

What is your relation to the Branch? _____

Project or undertaking for which funds are being requested:

How will the Branch benefit from your participation?

Please attach a budget and timeline for the whole of this project or undertaking.

Amount of funding requested: _____

(Please note: grants from the Branch to any individual rarely exceed \$200 annually apart from gifts made to the Scholarship Fund for which the applicant may qualify.)

When are these funds needed? _____

What other resources are available to you?

In making this application, the applicant acknowledges that s/he is familiar with the Branch's policy on Receiving and Disbursing Funds to Benefit Individuals.

Signature: _____ Date: _____