

HAMILTON ATHLETIC TRUST- GRANT APPLICATION FORM

1. Identification of team, club or organization you are representing in this request.

Name: _____
Mailing _____
Address: _____
Postal Code: _____ Tel. _____ E-mail _____

2. Affiliation(s) _____

3. Profile of organization (what do you do? who do you serve? numbers, ages, achievements etc.)

4. Be Specific! What do you intend to use the grant money for, if approved? Enclose a copy of your organizations proposed annual budget.

5. Signature of an Official of the organization (include: address of signatory if different from above or not recorded above)

Official Signatory _____

6. For official use only by Trustees of HAT – comments re: rejection or acceptance

not eligible	_____	_____
clearer information	_____	_____
technicality	_____	_____
insufficient info.	_____	_____

Accepted (amount) _____

Mail to:

The Hamilton Athletic Trust
P.O. Box #30009
Upper James P.O.
Hamilton, Ontario
L9B 0E4

