

**ARKANSAS STATE ASSOCIATION OF FREE WILL BAPTISTS
GRANT APPLICATION FORM**

Applying Organization:

Name: _____

Address: _____

City / State / Zip: _____

Contact: _____

Amount Requested: \$

Object / Purpose:

Organization's Connection to Arkansas State Association of Free Will Baptists:

Signature:

(Name & position)

[PLEASE SEE AND REFER TO THE GRANT GUIDELINES FOR FULL AND COMPLETE INSTRUCTIONS ON SUCCESSFUL GRANT APPLICATION.]