

Dr. Aisha Liferidge

Minority Women In Science Foundation

for more info and to support

www.minoritywomeninscience.org

minoritywomeninscience@gmail.com



Empowering Future Breakthroughs

GRANT APPLICATION

APPLICANT NAME AND ADDRESS:

1. Phone:

E-mail:

2. Tax ID:

3. AMOUNT REQUESTED:

4. Type of request:

- General/Operating Support
- Capital Support
- Program Development
- Fellowship/Scholarships
- Other _____

5. Project/Program title and description (use supplemental sheet if needed)

6. Total project/program budget:

7. Is this a new project/program for your organization?

- Yes
- No

8. Provide a brief summary of the grant request. Are there any relevant new goals or projects for the coming year? (use space below and/or supplemental sheet)

9. Submit this application form to minoritywomeninscience@gmail.com with:

- a. any supplemental materials you wish to attach to support your program.
- b. a current audited financial report.
- c. a copy of your most recently submitted 990.

10. The undersigned executive officer hereby certifies that: (a) the information set forth in this application and supporting documents is correct to the best of his/her information and belief; (b) the Internal Revenue Services determination referred to in 8 above has not been revoked, canceled or modified, and (c) no funds received pursuant to this application will be used for activities prohibited by the 1969 Tax Reform Act.

By: _____
Signature

Printed Name and Title

Date