



**JUNIOR LEAGUE OF
GREATER ELMIRA-CORNING**
Women building better communities

MEMBER-SPONSORED GRANT APPLICATION

Use the TAB key to move through the fields.

Organization Name: _____

Address: _____

Executive Director: _____ Phone: (607)

Contact Person: _____ Phone: (607)

Project Name: _____

Date of Project: from _____ to _____

Funds Requested from the Junior League: \$ _____

Junior League Member Initiator/ Sponsor: _____

PROJECT INFORMATION NEEDED

Please provide a brief description of the project:

Please describe how you will use League funds:

Please describe how your project will be evaluated:

Has your organization received Junior League funds in the past? If so, what was the most recent year? Yes, Year: _____ No

Submitted by: _____ Date: _____

Signature _____

League Initiator: _____ Date: _____

Signature _____

Please print and sign two copies of this form. Mail to:

*Junior League of Greater Elmira-Corning, Inc.
PO Box 1059
Elmira, NY 14902*