

**ORGANIZATION GRANT APPLICATION
BOWEN CHARITABLE TRUST**

P.O. Box 346
Parkersburg, WV 26102-0346
Email:bowentrust@gmail.com

ORGANIZATION INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ FID # _____

Name of Person Applying _____ Email _____

Is the organization recognized as a 501(c)3 tax exempt entity by the Internal Revenue Service? Yes _____ No _____

(If yes, please include copy of your qualification letter from the Internal Revenue Service.)

Is your organization related to the West Virginia Baptist Convention or the American Baptist Churches USA?

If yes, how? _____

PURPOSE OF GRANT REQUEST

Please attach supporting information and other documentation

Name of Event: _____

Date of Event: _____

Location of Event: _____

FINANCIAL INFORMATION

• Financial Resources (Itemize)

_____	\$
_____	\$
_____	\$
_____	\$
Total	_____ \$

• Estimated Expenses (Itemize)

_____	\$
_____	\$
_____	\$
_____	\$
Total	_____ \$

• Grant Requested \$

OTHER COMMENTS

CERTIFICATION

I certify that the information provided on this form is true and correct to the best of my knowledge and belief. I agree, if requested, to provide documentation to support the information on this application. I understand that if I knowingly provide false information the Committee may revoke the scholarship and require that funds disbursed based on this information be returned.

Signature _____ Date _____