



BRUCE MONTGOMERY FOUNDATION FOR THE ARTS
GRANT APPLICATION FORM
FOR INDIVIDUALS

Instructions

1. All fields of this application form must be completed (unless otherwise indicated).
2. A completed packet that includes this application form and all other required information must be submitted by midnight, September 15th in accordance with the Foundation's Grant Guidelines.

This form is also available for submission online at www.brucemontgomeryfoundation.org

- 1) Date of Application _____
- 2) Full Name of Applicant _____
- 3) Address _____
City _____ State _____ Zip _____
- 4) Phone _____ Fax _____
- 5) Email _____
- 6) Date of Birth _____
- 7) Are you a United States citizen? _____
- 8) How did you hear about us? _____
- 9) Are you currently attending school or college? _____
If yes, please specify _____
- 10) Proposal Category: INDIVIDUAL INSTRUCTION INDIVIDUAL PROJECT



11) Reason for applying for this grant: _____

12) Statement of Need and Project Description: _____

_____ *(Attach additional page if necessary)*

13) Will any other individuals participate in this project? _____

Explain: _____

14) Anticipated starting date of project _____ Ending date _____

Total budget for project \$ _____ *(Attach copy of proposed budget)*

16) Are you currently receiving other funding for this project? _____

Explain: _____

17) Amount raised to date \$ _____

18) Amount requested from the Bruce Montgomery Foundation \$ _____

19) How will you determine / evaluate your project's success? _____

20) Additional Information to be considered: _____

_____ *Optional (you may attach additional supporting materials)*



21) Statement of Accountability:

*I attest that the information given above is accurate and that if I am awarded this grant, I will strive to the utmost of my ability to achieve the goals I have set, within the timeframe I have outlined: ***

Signature of Applicant Date

*** Please note: Within one year following receipt of your grant, you will be required to attend BMFA's next Awards Reception – in person or by video – explaining how your grant's financial assistance made a difference to your success.*

22) If under 18 years of age, please identify a parent or guardian who will assume responsibility for financial transactions:

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

I have read the submitted materials and give my approval for this grant request:

Signature of Parent or Guardian Date



BRUCE MONTGOMERY
FOUNDATION FOR THE ARTS

Tel: (215) 646-5579
Email: info@brucemontgomery.org

PLEASE MAIL YOUR COMPLETED APPLICATION TO:

A completed packet that includes this application form and all other required information must be postmarked by midnight of the due date in accordance with the Foundation's Grant Guidelines.

BRUCE MONTGOMERY FOUNDATION FOR THE ARTS

P.O. Box 1565 - Blue Bell, PA 19422