

# ABANA Affiliate ONLY Grants Application Form

Please print or type all application materials clearly. This form may be completed in electronic form, but must be submitted as hard copy. Total amount requesting? \_\_\_\_\_

A) Affiliate \_\_\_\_\_

Individual Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Country if other than U.S.

Zip + 4 (or Postal Code) \_\_\_\_\_

Contact Info—Day, Night and Fax Telephone Number(s) / E-mail address:

B) Describe the event or program.

(attach further information as necessary)

C) Have you applied for an ABANA Loan or Grant before?  Yes  No – If yes, Date: \_\_\_\_\_

D) Number of current affiliate member \_\_\_\_\_

E) Define your affiliate's objectives in undertaking this event, e.g. how will it allow your members to enhance their blacksmithing techniques, improve your design capabilities and further the education of the blacksmithing community?

(attach further information as necessary)

F) Application Checklist:

Demonstrator Resume  Support Materials

Grant Applicant Signature (if different from Affiliate President)

Date: \_\_\_\_\_

The signature of the Affiliate President indicates the acceptance of the above described conditions of the grant application.

Mail all applications to: ABANA Headquarters - PO Box 462, Johnstown, PA 15907