

# Application Form

Date

**Organization**

**Check:**

Arts/Culture/Recreation Education Environment Health/Human  
Services Public/Societal Youth others?

**Address**

**City, State, Zip**

**Phone**

**Fax**

**Email**

**Website**

**IRS 501(c)(3)**

Yes No

**Other**

Explain:

**Total Annual Budget**

\$

**Contact Person**

**Title**

**Phone**

**Executive Director/  
Principal (if different)**

**Project/Program Title**

**Amount Requested**

\$

**Total Project Budget**

\$

**Grant Period**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Previous Support**

Yes No

**(if so please describe in  
2-3 statements)**

**Organization's Mission**

**(100 words)**

**Brief summary of proposal**

**(200 words)**

**Please quantify and  
describe the child  
population impacted by  
this program or service:**

**In no more than 300 words each, please answer:**

- **How does your project meet the Alice Eaton Fund Inc. funding purpose?**
- **What measurable impact will this award have on Children's Health and how do you propose to evaluate its success?**

**Please attach a budget with appropriate cost breakdown.**

**If you are proposing scholarships, please describe your process for choosing the recipient(s).**