

The Salle Auriol Fencing Club, dba Northwest Fencing Center
4950 SW Western Avenue
Beaverton, OR 97005
(503) 277-2237

GRANT APPLICATION

I. Applicant Information

Last Name _____ First _____ Middle _____
 (If a minor, list first initials only)

Gender: Male _____ Female _____ Date of Birth _____
 (If a minor, list year of birth only)

Country of Birth _____ U. S. Citizen? _____ Yes _____ No

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-Mail _____

Fencing Club _____ Fencing Club's Location _____

Current USFA Classification _____ Foil _____ Epee _____ Saber

Schools Attended:

Name of Institution	Years Attended	City and State

Employer _____ Occupation _____

Work Address _____ City _____ State _____ Zip _____

Work Phone _____ Annual Income \$ _____

II. Parent/Family Information (if applicant is a minor)

Mother's Last Name _____ First _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ U. S. Citizen? _____ Yes _____ No

Employer _____ Occupation _____

Work Address _____ City _____ State _____ Zip _____

Work Phone _____ Annual Income \$ _____

