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

GRANT APPLICATION

I. <u>Applicant Information</u>				
Last Name	First		Middle (If a minor, list first initials only)	
Gender: Male Female			Date of Birth (If a minor, lis	st year of birth only)
Address	City		State	Zip
Home Phone		E-Mail		
Current USFA Classification	Foil	Epee	Saber	
Schools Attended:				

Name of Institution	Years Attended	City and State

Only complete this section if you are applying for additional or supplemental funding under Classes 1 or 2 after receiving a prior grant during the season:			
Employer Work Address Average Monthly Income \$	Occupation City	State Zij	5
II. <u>Parent/Family Information (if applicant is a m</u> Last Name of Mother, Father or Guardian		st Name	
Address	City	State	Zip
Home Phone			
Only complete this section if you are apply Classes 1 or 2 after receiving a prior grant What is the size of your family? What is your family's average monthly income?			al funding under
Employer Work Address	Occupation City	State	Zip

III. Funding Request

Check the types of grants or funding areas you are interested in:

Gold (Grant Silver Grant	World Team	Grant	Youth Development G	rant
IV. <u>D</u> e	eclarations				
a.	Are you a U.S. Citizen?	Yes	No		
b.	Are you a permanent resident alien?	Yes	No		
C.	Are you competing internationally?	Yes	No		
d.	Have you received or are you expecti	ng any subsidi	es or grants fo	or fencing from any other	r organization
	(e.g. USA Fencing, any public benefit	t corporation,	foundation, or	business)? Yes	No
	If yes, please specify the amount of the	he subsidies ar	nd grants and i	identify the names of the	e grantor(s) in
	a separate attachment.				
e.	Is your account in good standing?	Yes	No		
f.	Have you been a current and active n	nember of NW	FC for the pas	st six months? Yes	No
g.	Have you volunteered for the Northv	vest Fencing C	enter in the pa	ast six months? Yes	No
	If yes, how many hours?				

V. Authorizations

I hereby authorize The Salle Auriol Fencing Club, doing business as the Northwest Fencing Center ("NWFC"), to verify the information contained in and provided with this application in order to process my grant application. I further authorize NWFC to verify my fencing credentials and references.

Dated	
	Applicant
Dated	
	Applicant's mother or guardian (if applicant is a minor)
Dated	
	Applicant's father or guardian (if applicant is a minor)

I am aware of NWFC's Image Use Policy and also authorize NWFC to use my image and to disclose my name and the type and amount of the award made by the grant committee throughout the season(s) and for promotion of the grant program.

Dated	
	Applicant
Dated	
	Applicant's mother or guardian (if applicant is a minor)
Dated	
	Applicant's father or guardian (if applicant is a minor)