

**2017-2018 GRANT APPLICATION**  
**The Memorial Church, Harvard University**  
*Please type or print neatly*

Full Name of Organization \_\_\_\_\_

Organization Tax I.D. Number \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Specific Project (*briefly* describe how funds will be used): \_\_\_\_\_

\_\_\_\_\_

Specific Amount Requested: \_\_\_\_\_

Would you like to receive next year's application via email? \_\_\_\_\_

**Please attach:**

1. Mission Statement of the organization.
2. Description of the specific project or undertaking for which the grant is sought.
3. Description of how this particular project contributes to the overall goals of the organization.
4. Description of how the project, program and organization fit into the guidelines.
5. The *specific* amount requested. Itemized requests are preferred, when appropriate.
6. The Operating Budget for the current fiscal year.
7. The most recent audited financials.
8. Detailed description of how any previous grants from The Memorial Church were used.

**Completed applications must be received by January 11, 2018:**

**Grants Committee  
The Memorial Church  
One Harvard Yard  
Cambridge, MA 02138**