

(Grants are for groups/organizations/events supporting youth under 18 years of age. Please print clearly. Feel free to attach additional pages if more room is needed.)

Date:	Contact Person's Name:
Mailing Address:	
Phone #:	Email:
Name of Organization	
Organization's Address _	
	ization (mission or vision statement, history, who or what the
	<b>\$300)</b> \$
Description of project for	which funds will be used
	<del></del>
Number of youth being so	rved
	(Please remember submission deadline is 6 weeks prior to date of
By accepting a POW grant, v	e agree that the information in and appended to this application may be publication on behalf of POW.
Signature of Applicant X_	
MAIL THE COMPLETED AI	PLICATION TO: Pendleton on Wheels Attn: Grant Committee 414 NW 12 <sup>th</sup> Street

Pendleton, OR 97801

Or email: <a href="mailto:cponiewozik@yahoo.com">cponiewozik@yahoo.com</a>