



2024 APPLICATION FOR GRANT

Personal Information:

Name: \_\_\_\_\_

Company (if any): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

No. of Years in the workplace \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

List your business/occupation (or career goal): \_\_\_\_\_

Request for Grant for business, education, training purposes and/or other related costs (see Grant Application Guidelines for acceptable purposes):

I am requesting funds in the amount \$\_\_\_\_\_ for the following reasons\*\*\*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please write a brief background statement about yourself (include any special circumstances affecting you) \*\*\*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Use extra sheets to explain above, if needed.

Note: I understand that I may be asked to write a short paragraph on how the grant furthered my career development, or to make a 5-10 minute presentation to any NYS Women, Inc. event in my area, if invited.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email or mail application to: Ramona Gallagher, 1217 Delaware Avenue #807, Buffalo, NY 14209; email: [mmistymo@aol.com](mailto:mmistymo@aol.com). Any questions, call R. Gallagher at (716) 882-7639.

7/24/2024

Office Use: Date Received \_\_\_\_\_ Action \_\_\_\_\_ Date \_\_\_\_\_