

**LUZERNE COUNTY BAR ASSOCIATION  
CHARITABLE FOUNDATION, INC.**

Luzerne County Court House, Room 23  
200 North River Street  
Wilkes-Barre, PA 18711  
Telephone # (570) 822-6712 Fax # (570) 822-8210

**APPLICATION FOR A GRANT FOR 2013**

(Needs to be Received by March 15<sup>th</sup>)

DATE: \_\_\_\_\_

\_\_\_\_\_ hereby applies to  
(Name of Charity)

Luzerne County Bar Association Charitable Foundation, Inc. for a Grant and submits the following information in support thereof:

**Full Name of Organization:** \_\_\_\_\_

**Full Name & Title of Applicant:** \_\_\_\_\_

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

**Telephone #:** \_\_\_\_\_ **IRS Exemption Certificate #** \_\_\_\_\_

**\*I certify, in completing this form, that our charitable organization is a registered 501(c) Non-profit corporation.**

**Amount of Grant Requested:** \_\_\_\_\_

**Purpose that the Grant will be used for:** \_\_\_\_\_

(Use an additional sheet if necessary – Also attach any explanatory materials)

**Please disclose whether your organization has ever received a Grant from our Foundation previously:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If the answer above is “Yes,” please disclose the year and amount received by your organization:** \_\_\_\_\_

**Does your organization have an Executive Director or other administrator/manager (whether full-time or part-time):** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If the answer above is “Yes,” is this position a salaried position?:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Does your organization have any salaried staff (whether full-time or part-time or whether temporary, permanent, or seasonal):** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If the answer above is “Yes,” please list the number of staff:** \_\_\_\_\_

**Please Provide the Names and Titles of the Officers  
Of Your Organization:**

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**Please Provide the Names of the Members  
Of Your Organization’s Board of Directors:**

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