



GRANT APPLICATION

Name of Organization: _____

Website: _____

Is your organization a 501c3 or other non-profit entity? (circle one) Yes or No

Contact Person: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

Physical Location: _____

Is physical location within 50 miles of the Triathlon Across America? (circle one) Yes or No

Who does your organization serve? _____

How? _____

How does your mission tie into the heart of Let Them Play? _____

Specific Needs: _____

Expected Cost: _____

Additional Notes: _____



Please e-mail completed Grant Application to:
Tarah@LetThemPlayFoundation.org

For more information, visit:
LetThemPlayFoundation.org