

**INSPIRE EVERY CHILD FOUNDATION
GRANT APPLICATION**

Applicant Name and Address: _____ Shipping Address (If different) _____

Contact Individual: _____ Telephone _____
Fax _____ Email: _____ Website: _____

IRS Status of Applicant: Non-profit organization ____; Individual ____; Corporation,
Partnership, L.L.C. or other for-profit organization ____
Federal ID# _____

Mission Statement (goals and objectives) of Applicant: _____

Describe how donated books will be utilized _____

Specific Grant Requested (Include number of books requested, timing considerations, and
specific titles or age categories): _____

Is your organization or any of its Directors or Key Staff Members affiliated in any way
with Inspire Every Child Foundation, its Trustees or Key Staff Members? _____

Signature of Authorized Representative Printed Name Date

**Please send any available written materials describing your organization.
Fax this form to 425-644-9274 or mail to PO Box 1865, Bellevue, WA 98009**