



\_\_\_ **Check here if this application needs immediate attention.**

***Submit to:***

**Montrose Association of REALTORS®  
125 Merchant Drive  
Montrose, CO 81401  
970-249-6213 phone  
970-240-8593 fax  
[mar@gwe.net](mailto:mar@gwe.net)**

## **Grant Application**

**Consideration may be delayed if all information is not  
filled out completely.**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Phone: (required for notification) \_\_\_\_\_ Work: \_\_\_\_\_

If Beneficiary of Grant is different from Applicant, please name Beneficiary:

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### **Regulations and Criteria**

1. The grant should benefit those that have limited resources to satisfy the need.
2. The grant could help one person or many, but some emphasis will be placed on the number of individuals whom will benefit.
3. Only requests submitted in writing will be considered.

Please provide answers to the following questions. You may use the space provided or attach a short narrative.

Why are you requesting this grant?

What is the estimated dollar amount needed for this grant?

What other sources have you contacted and what were the results?

May we use your name and/or photo in a public announcement?  Yes  No

**Signature:**

Grant Applicant: \_\_\_\_\_ Date: \_\_\_\_\_