

ACTIVE AUCTIONEERS FOUNDATION GRANT APPLICATION

APPLICANT NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

DOB _____ SSN _____

RELATIONSHIP TO THE AUCTION COMMUNITY _____

REASON FOR REQUEST _____

IF GRANT APPROVED, IT WILL BE USED FOR _____

IF THIS REQUEST IS NOT FOR SPOUSE, PLEASE FILL IN BELOW

WHERE EMPLOYED _____ HOW LONG _____

WHERE EMPLOYED _____ HOW LONG _____

WHERE EMPLOYED _____ HOW LONG _____

WEEKLY WAGE _____ LOSS OF INCOME PER WEEK IF EMPLOYED _____

ALL APPLICANTS MUST COMPLETE BELOW

PERSON MAKING REQUEST IF DIFFERENT FROM APPLICANT _____

RELATIONSHIP TO APPLICANT _____

ADDRESS _____ EMAIL _____ PHONE _____

SIGNATURE _____

AAF BOARD MEMBER THIS GRANT IS PRESENTED TO _____ DATE _____

APPLICANT SIGNATURE IF SELF REQUESTED _____

THIS ONE TIME GRANT REQUEST IS FOR \$ _____

FOR FOUNDATION OFFICE ONLY - CHECK ONE

THIS GRANT HAS BEEN APPROVED: YES NO

FOR \$ _____ DATE _____ PAID DATE _____

OFFICER'S SIGNATURE _____