

Square Dance Minnesota, Inc.
Class Grant Application

Expenses covered by this grant will be only for facility rental and instructor fees.

Requested Amount: \$ _____

Name: _____

Organization: _____

Address: _____

E-mail: _____

Phone: _____

Type of Event or Class: _____

Location of Event or Class: _____

Dates of Event or Class: _____ through _____

Facility Cost: _____

Instructor Cost: _____

Event Details: _____

Have you applied to other organizations for assistance: Yes, No

If yes, identify the organization(s): _____

If yes, amount requested/provided: \$ _____

Within a week of completion of the event, submit copies of receipts for expenses and explanation of what was accomplished.