

STEARNS BURTON FUND APPLICATION

Organization/Group:_____

Address:_____

Officers/representatives (list two):

Contact info (phone,e-mail):

1. _____
2. _____

Program Title:_____

Description(if not evident):

Date of Presentation: ____/____/____

Location * (if different from above):_____

Presenter:_____

(please use name to whom check will be made)

Contact Information:_____

Amount requested:_____

Payment will be made direct to presenter, who must submit a W-9)

(Final Approval is contingent upon receipt of the w-9. The Stearns Burton Committee will not request funds until a W-9 is secured.)

How do you plan to promote the program:_____

Are other costs associated with your presentation? Please specify:

Signed: _____

Petitioner

Date:_____

Stearns Burton Committee

Signed:

Approved:

Date: