

Nonprofit Grant Request Form

Name of Applicant Organization: *
(As it appears on your organization's deposit slip)

Type of Organization: *
(e.g. Charitable Trust, Non Profit body, Sports club, etc.)

501 C 3? *

What is the purpose or goal of your organization: *

Physical Address: *

Mailing Address: *

E-mail: *

Website:

Contact Person: *

Phone Number: *

What connection do you have with a Delta pilot?

Delta pilot's name:

Will your charity benefit a Delta hub or a Delta community?
If so please indicate the appropriate hub.

All donations must be used for children in need 18 years of age and younger.
Will This requirement be met with your request? *

Has this organization ever applied for a grant from the Delta Pilots Charitable
Fund? Eligibility is limited to once every three years. *

If yes, when?

Was this organization approved for a grant from the Delta Pilots Charitable
Fund in the past? *

If yes, when?

If yes, How much?

Current Amount Requested \$ *

Specifically what is the money requested to be used for? ^{*}(Please explain in detail)

If you do not have enough space please attach a letter or any documentation that you feel will be helpful. You must specify in detail what the money will be used for.

Is there a deadline you are trying to meet?

What percentage of money received is used for contributions, gifts and grants?

Please e-mail this form to dpcf@alpa.org, attach the following documentation if applicable:

- * Board Members
- * Audited Financials
- * Key Staff
- * Any information that will help us understand the mission and goals of your organization.

