

THE WILCOX FOUNDATION
GRANT APPLICATION - Individual

Name of Applicant: _____ Date: _____

Address: _____ Phone: _____

Email: _____

Amount of grant request: \$ _____ **Total cost of Program/Project: \$** _____

How will the balance, if any, be funded: _____

Briefly describe the Program/Project to be funded: _____

Briefly describe how the Program/Project furthers the purposes of the Wilcox Foundation:

How will the value/results of the grant funding be measured? _____

Describe all relevant lawsuits where you are or have been a defendant. _____

The undersigned Applicant certifies that: 1) the information herein is true and correct;
2) Applicant grants the Foundation the right to publically disclose the Applicant's name, grant amount and the its purposes; and,
3) the Applicant will submit a Report concerning the grant, if and when required by the Foundation.

Applicant signature: _____

Printed Name: _____

For additional information about the Foundation, see our website at www.wilcoxfoundation.org.

Submit signed Application to the Wilcox Foundation, in care of either:

Dan Herriman, 41486 Wilcox Road, Plymouth, MI 48170, 734-459-5440, Fax: 734-459-0690, email: danherriman@wilcoxfoundation.org., or

Win Schrader, 6260 Tower Road, Plymouth, MI 48170, 734-455-6222, Fax: 734-455-6239, email: winschrader@wilcoxfoundation.org.