



WOMEN SUPPORT WOMEN FUND



Application

Personal Information

<u>Full Name</u>		
<u>Address</u>		
<u>Phone</u>	<u>Email</u>	<u>Date</u>
<u>Years in operation/ownership</u>		

Business or Professional Information

<u>Name of Business or Profession:</u>
<u>Business Address:</u>
<u>Description of Business or Profession:</u>

Purpose of Funding:

<u>Please describe the specific need or challenge you are facing.</u>
<u>How will the requested funds be utilized to address this need or challenge?</u>
<u>What impact do you anticipate the funding will have on your business or professional endeavors?</u>



308-520-9032



northplattebpw@gmail.com



northplattebpw.com



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Additional Information

Is there any additional information you would like to share that you believe is relevant to your application?

Agreement

- By submitting this application, you acknowledge that all information provided is accurate and truthful to the best of your knowledge.
- You consent to the use of your information for the purpose of assessing eligibility and making funding decisions.
- You agree to assume any tax obligations associated with receiving these funds.

Signature: _____ Date: _____



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