



Flying High Foundation
4046 Temple City Blvd. STE 102, Rosemead, CA 91770
info@flying-high-foundation.org

Grant Application Form

I. INFORMATION ON THE APPLICANT

1.1 IDENTITY OF THE APPLICANT	
Student Name:	Date of Birth:
School:	Grade Level:

1.2 CONTACT DETAILS	
Street Address:	
City:	
Country:	
Telephone:	Mobile:
Email:	
Website:	

1.3 CONTACT PERSON RESPONSIBLE FOR THE PROPOSAL	
Name:	
Position/Function:	
Telephone:	Mobile:
Email:	



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1.4 LEGAL REPRESENTATIVE (AUTHORIZED TO SIGN ON BEHALF OF THE APPLICANT IF UNDER THE AGE OF 18)

Name:

Position/Function:

Telephone:

Mobile:

Email:

1.5 PROJECT/PROGRAM AFFILIATION WITH NONPROFITS (IF APPLICABLE)

Nonprofit Organization Name:

Nonprofit Organization Mission:

Nonprofit Organization Website:

Nonprofit Organization EIN:

2. PAY TO THE ORDER OF (The name under which the Flying High Foundation check is issued for the proposed project/program)

II. INFORMATION ON THE PROJECT/PROGRAM FOR WHICH THE GRANT IS REQUESTED

1. DESCRIPTION OF THE PROJECT/PROGRAM



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2. PLANNED DURATION OF THE PROJECT/PROGRAM (in months or years)

3. BUDGET

Applicant must include a detailed estimated budget.

4. REQUESTED GRANT AMOUNT (US\$)

III. DECLARATION BY THE APPLICANT

The undersigned representing the above-mentioned applicant hereby requests from Flying High Foundation a grant of US\$_____ on the terms laid down in this application.

I certify that the information contained in this application and its attachment(s) is correct and complete.

I understand that receipt by Flying High Foundation of my application does not obligate Flying High Foundation in any way, indicate any funds are available, or that my application will be approved. I understand that furnishing false or misleading information can lead to denial of my application and/or bar me from receipt of any funds.

Signature of Applicant

Signature of Parent or Guardian

Name

Name

Date: _____

Date: _____