



Carolinan Golf Foundation Request for Funding

Application Deadline: January 15

Applicant _____

Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Your organization's Tax ID # _____

Amount requested \$ _____

Area of focus/function of group (junior golf, women's golf, turfgrass, etc)

Purpose of request (target of funds)

If a purchase is involved, what specifically will be bought?

How will this contribution help you reach your goals?

Do you have plans to recognize the Carolinas Golf Foundation and/or the Carolinas Golf Association for this contribution? If so, how?

Where do you see your program/efforts in five years?

What other goals have you set?

Signature _____ Date _____

(Please attach cover letter and any documents, if applicable, to support your application)

Carolinan Golf Foundation
140 Ridge Road
Southern Pines, NC 28387
910-673-1000