



Carolinan Golf Foundation Request for Funding Form

Annual Application Deadline: January 15

Applicant _____

Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Email _____

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

Amount requested \$ _____

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
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