



# Carolinan Golf Foundation Request for Funding

Application Deadline: January 15

Applicant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

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

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Purpose of request (target of funds)

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

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How will this contribution help you reach your goals?

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

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

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What other goals have you set?

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**[Carolinan Golf Foundation](#)**  
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E-Mail: [admin@carolinangolf.org](mailto:admin@carolinangolf.org)