



# LTA Grant Request

Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Member Organization USTA #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Describe program / event needing funding. Include program/event details such as # of participants, location of program/event, event date

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Funding Request Amount: \_\_\_\_\_  
*Program/Event Budget must be included with grant request.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_