Quilters of South Carolina
Mini-Grant Application

Member(s) name(s) _____

_____

Street_____

City_____

Amount of request $_____

Describe the project's (1) purpose/goals; (2) plans for accomplishment; (3) timeline, and (4) anticipated expenses. Use additional paper if needed.

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Signature of applicant(s)_____

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Date_____

Applications must be postmarked by January 15.