

# FINLANDIA FOUNDATION NATIONAL CAPITAL CHAPTER

## GRANT PROGRAM APPLICATION FORM Application deadline is January 15 each year

**Applicants:** Fill out either "individual" *or* "organization":

**INDIVIDUAL** (If applicant is under age, an adult's name is required)

Name (parent's name)	
Mailing address	
Tel. number/home	
Tel. number/office	
E-mail address	

### ORGANIZATION

Name of the organization	
Representative's name	
Mailing address	
Tel. number/home	
Tel. number/office	
W-mail address	
Activity	

Are you, as an individual applicant (or the representative of an applicant) or the representative of the applicant organization, a member of the Finlandia Foundation National Capital Chapter?

Yes		No	
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If you are not a member, identify the FFNCC member who has written a letter of support for your application:

Name	
Mailing address	
Tel. number/home	
Tel. number/office	
E-mail address	

Dates for proposed activity:

Starting date:		Ending date:	
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Amount requested from the FFNCC:

\$

Have you applied for support of the proposed activity from other institutions?  
If so, identify the organization:

\_\_\_\_\_

**NARRATIVE DESCRIPTION** (not applicable if request from Salolampi):

Attach a narrative description of the proposed activity. Include an explanation of how the proposed activity will contribute to an increased understanding of and appreciation for Finnish or Finnish-American culture on the part of the applicant and/or the Washington DC or wider community, as appropriate to the nature of the activity. Explain the plan for carrying out the activity.

**ATTACHMENTS** (not applicable if Salolampi request):

Individual applicants must attach a curriculum vitae or a student transcript. Organizations must attach an organizational profile. All applicants must attach a budget request, specifying the amount requested from the FFNCC, the amount anticipated from any other sources of support, and the costs to which those combined funds will be applied.

**If selected as a recipient of a grant, I agree, as an individual applicant or the representative of an applicant organization, to provide a narrative and a financial report at the end of the grant period.**

**I certify, as an individual applicant or as the representative of an applicant organization, that the information contained in this application is true.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed or typed applicant: \_\_\_\_\_

If applicant is underage, name of parent: \_\_\_\_\_

Printed or typed name of the representative of an organization:

\_\_\_\_\_