



Grant Request Form

Grant Request Date	
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Event Information *(to be filled out by school requesting grant)*

School	
Date	
Fundraising Goal	
Official Contact	
E-Mail	
Daytime Phone	

Grant Information *(to be filled out by grant recipient)*

Beneficiary Name	
Tax ID	
Contact Person	
Contact Title	
E-Mail	
Daytime Phone	
Street Address	
City, State, Zip	

Mission & description of the organization:

Description of how and when the grant funds will be used:

How will this grant benefit women and men with breast cancer?:

Signature	
Printed Name	
Date	

Email the form to Side-Out at grants@side-out.org or mail to:

**The Side-Out Foundation
3935 University Drive
Fairfax, VA 22030**

Grant requests must be in by December 31
Grants will be issued in March of the following year after a grant committee review.