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CowgirlAngels@40SomethingCowgirls.com

The Cowgirl Angel Fund (CAF) was established by 40 Something Cowgirls (40SC) members to assist in spreading good will and provide uplifting support to 40SC members in which to convey the generosity which is core of the Cowgirls spirit.

Grant applications are accepted on an as-needed basis and are reviewed and selected for grant distribution by the CAF committee throughout the year. 2016 grant cap, \$250 per recipient.

Recipients must be a current 40SC member and have been in good standing with the 40SC organization for at least 2 years. Applications may be mailed or emailed to the Angel Fund Committee.

The CAF does not accept Angel Fund applications for horse or animal care, elective procedures or to benefit other organizations. This is a member specific grant fund.

Application

Date Submitted: ____/____/____

Request on behalf of:

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Amount Requested: _____

Please list specific needs: _____

(add additional pages if needed)

Is potential recipient aware of the grant request? _____

Is potential recipient aware of who has submitted grant request? _____

Is there a specific timeline for potential recipient? _____

If so, please explain: _____

Has a previous application been sent on behalf of this potential recipient? _____

Has the potential recipient been granted monies from any other organization(s)? _____

If so, please list: _____

If awarded, grant monies shall be used for what purpose? _____

May CAF committee share publicly, information regarding the distribution of grant monies? *(personal information such as address and phone numbers will not be shared)* _____

Submission of this application in no way guarantees the recipient will be awarded grant monies or granted the requested amount. The CAF committee determines annual distributions based on application volume and the needs of the 40SC membership.

Application submitted by:

Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

CAF Committee Use:

Committee review date: _____ Approved: ___ Y ___ N ___ Amount: _____

Notes: _____