**Beneficiary Application**

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| **Deadline: January 31, 2021**  \*\*Please return completed application to: info@12hoursofmesaverde.com |

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| **Organization Information** | |
| **Name and brief description or mission statement:** |  |
| **Contact Person:** |  |
| **Phone:** |  |
| **Physical Address:** |  |
| **Mailing Address, if diff.:** |  |

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| **Organization History and Future Plans** | |
| **How long has this organization been established:** |  |
| **Have you been a beneficiary of ours in the past, when & what years:** |  |
| **If so, how have the funds been used in the past:** |  |
| **How would funds be used in the future (all applicants):** |  |
| **Please indicate the approximate number of youth served and/or hope to serve:** |  |
| **Describe the services and/or events that your organization does that serves youth in our community:** |  |