



**SOUTH  
MONROE**  
COUNTY COMMUNITY FUND  
AN AFFILIATE OF CREATE FOUNDATION

[createabardeen@gmail.com](mailto:createabardeen@gmail.com)

P O Box 402

Aberdeen, MS 39730

662- 844-8989

## Grant Application

**Name of Applicant:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

**Organization/Legal Name, if different:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Tax ID number (if applicable)** \_\_\_\_\_

**Senior Officer:** \_\_\_\_\_

**Description of the Proposed Project:**

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