



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

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:

