



## Charity Grant Application

### Directions:

Print and complete the following 2 page application.  
All submissions must be made in hard copy form and mailed to the address below.  
Additional pages may be used if needed to complete the application.  
These additional pages must be typed on organization letterhead.  
Enclose application and any additional material within the same envelope.

**Deadline for applications is April 1**

Submit completed form and any additional material to:  
Bergen County Charity Classic Grant Committee  
PO Box 8766  
Woodcliff Lake, New Jersey 07677

Direct all questions to [donationrequest@memorialbenefit.org](mailto:donationrequest@memorialbenefit.org).

---

## Application for Charity Grant

PART 1

FOUNDATION NAME: \_\_\_\_\_

NON-PROFIT STATUS: \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

E-MAIL CONTACT ADDRESS: \_\_\_\_\_

[www.memorialbenefit.org](http://www.memorialbenefit.org)



PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

PART 2 (You may use additional pages to complete this section)

**HISTORY OF FOUNDATION:**

---

PART 3 (You may use additional pages to complete this section)

**FUNDING OBJECTIVES (how funds will be used):**

---

PART 4 (You may use additional pages to complete this section)

**BRIEFLY DESCRIBE HOW AND WHY YOUR FOUNDATION MEETS OUR CRITERIA.**

---

PART 5

**ARE YOU A PREVIOUS BCCC RECIPIENT?**

---

PART 6 (You may use additional pages to complete this section)

**THE BERGEN COUNTY CHARITY CLASSIC HAS A LONG HISTORY OF HELPING THE COMMUNITY, HELPING THOSE IN NEED, AND PROMOTING EDUCATION. DESCRIBE WHY YOUR FOUNDATION WOULD BE A WORTHY RECIPIENT.**



PART 7

HOW DID YOU HEAR ABOUT THE BERGEN COUNTY CHARITY CLASSIC?

[www.memorialbenefit.org](http://www.memorialbenefit.org)