

**WEST CENTRAL AG SALES ASSOCIATION, INC.
GRANT APPLICATION**

Name of Organization Submitting this Request _____

Advisor or Leader Name _____

Address _____

Email Address _____ Telephone _____

Grant Application Date _____ Date Grant Money is Needed _____

Explain briefly how you plan to use the grant, if approved. _____

Dollar Amount this Request \$ _____

Number of People Participating _____ Age Group _____

If you obtain this grant, briefly explain the expected outcome of your project or activity.

Approved

Rejected. Reason grant was rejected _____

Postmarked by January 7, 2017

Mail Grant Request To:
West Central Ag Sales Association
P.O. Box 1702
Willmar, MN 56201