

**AG PROFESSIONALS ASSOCIATION**  
(Formerly West Central Ag Sales Association)

**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. \_\_\_\_\_

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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.

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Approved

Rejected. Reason grant was rejected \_\_\_\_\_

**Postmarked by May 25, 2018**

**Mail Grant Request To:**  
Ag Professionals Association  
P.O. Box 1702  
Willmar, MN 56201