WOMEN'S Service League
OF NORTH CENTRAL WASHINGTON

2026

Grant Application

Email completed form to: grants@wslncw.org

Organization Name : _____ Are you a 501(c)3? : _____

Mailing Address : _____ IRS Tax ID Number : _____

_____

Website : _____ Non Profit Phone Number : _____

Contact Name : _____ Contact Phone Number : _____

Email: _____

Describe your organization's mission: _____

_____

_____

Who does your organization serve, and who specifically will these funds be used for? _____

_____

How many people will these funds be used for? : _____

What is your annual operating budget for this project? _____

What is your paid staff size: _____

How many active volunteers do you have : _____

How much financial assistance are you applying : _____

What is the need for this project/program? What portion will this funding be used for? Be specific: _____

_____

_____

_____

_____

_____

_____

_____

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Are you receiving/requesting funding for this project elsewhere? With whom? _____

_____

Have you recieved funding from WSL previously? _____

If so, please describe how much, when, and what the funding was used for : _____

_____

_____

If no, how did you hear about our Grant Application : _____

_____

Official Use Only -Date Recieved: _____ ☐ **Approved** **Declined**

Grant Amount : _____

Check Number : _____ Date Mailed : _____

Please provide the following documention with the completed applications :

- Annual operation budget
- Profit and Loss Statement
- 501(c)3 Documentation, if applicable

If you need more space, please attach additional pages.