



# SONS OF CONFEDERATE VETERANS ARKANSAS DIVISION



## Application for Grant

Date: \_\_\_\_\_ Amount of Funding Requested: \_\_\_\_\_

Camp Name: \_\_\_\_\_ Camp Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_, Arkansas Zip Code: \_\_\_\_\_

Project or Program Name: \_\_\_\_\_

Total Cost of Project/Program: \_\_\_\_\_

Amount of Money on Hand for Project/Program: \_\_\_\_\_

Recurring annual costs for Project/Program: \_\_\_\_\_

Source of funding for recurring annual costs? \_\_\_\_\_

Justification for Arkansas Division License Plate Funds: \_\_\_\_\_

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*All money from the sale of Sons of Confederate Veterans license plates will be used for the preservation of Arkansas Confederate Veterans history, i.e. historical markers, education, cemetery work, and other like things to honor these veterans of Arkansas.*

Reviewed by: Division Heritage Operations: \_\_\_\_\_

Division Commander: \_\_\_\_\_ Division Adjutant: \_\_\_\_\_

Denied: \_\_\_\_\_ Approved: \_\_\_\_\_ Amount: \_\_\_\_\_

Date: \_\_\_\_\_