



Name & Title of submitter: _____

School: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ E-mail: _____

Title of project (and brief description) for which funding is requested:

Amount requested (limit of \$500): _____

Have you sponsored a project such as this before? Yes No

How many students do you expect to participate in this event/project by attending, performing, working, etc.? _____

Please itemize all anticipated expenses (such as postage, printing, etc.—include the dollar amount for each expense):

Please itemize all anticipated income (such as ticket sales, donations, other grants, etc.). Income from ticket sales can be used to offset costs of the program or to support related and approved jazz projects. Include the dollar amount for each income source.

Return to TPJS Grant Committee, 1414 E. 3rd St., Superior WI 55408, or as an attachment to Grants@TwinPortsJazz.com.

Grant Applications must be submitted no later than October 1st each year.