

Brunswick Arts Council

Group Grant Program Application For Year - _____

****Name:** _____

****Mailing Address:** _____

****Telephone:** _____

****Email Address:** _____

****Incomplete applications will not be evaluated.**

Grant Amount Requested: _____

Name of Program or Event: _____

Briefly describe your project and attach information detailing how these funds will be used:

I certify that:

- (1) I am a member of the Brunswick Arts Council
- (2) I am a resident of Brunswick County
- (3) The information above, including all attachments and supporting materials, is correct.

Signature:

Date:

Please return application and attachment to:

Brunswick Arts Council

Attn: Grants & Development Division President

P.O. Box 6275

Ocean Isle Beach, NC 28469