



Zeb's Charitable Fund Application

Name of Organization:

Mailing Address:

City:

State:

Zip Code

IRS Status: _____

Amount Requested: \$ _____

Description of Organization:

Description of Purpose/Program/Project for which grant is requested:

Project or program budget if applicable: \$_____

Have other applications been made for this, if so, from where?

List of supporting materials:

Names of officers and members of the board for the organization:

Applications to the ZCF can be made at any time. Decisions on the recipients of a donation from the ZCF will be made in the months of June and December. Applications should be received not later than June 15th and December 15th for each of these decision points.

Applications can be mailed to:

Zeb's General Store

Attn: Ray Boutin

PO Box of 1915

2675 White Mountain Hwy

North Conway, NH 03860