CITY OF MARLIN Micro-Grant Application

Registration Form

Step 1: Tell us about You and Your Funding Needs

First Name/Organization Name: _____

Last Name: _____

Street Address: _____

Zip: _____

City: _____

State: _____

Gender: _____

What Is Your Age?

Citizenship Status: _____

Ethnicity: _____

Employment Status: _____

Phone Number: _____

Choose which type of funding you are requesting micro-granting assistance for:

Funding Categories:

Business:

Startup Capital, Expand Business, Home Based Business

Community:

Performing Arts, Humanities, Crime Prevention, Disaster Relief / Prevention

Education / Tuition:

Tuition, Student Financial Aid, College or Training Scholarships,

Real Estate:

Personal Home Purchase / 1st Time Home Buyer Only within the City of Marlin

Personal Assistance:

Medical Expenses, Food Stamps, Child Care, Home Repairs

How Much Money Are You Going to Need? _____

Briefly Describe What You Will Use the Money For:

_____

_____

_____

_____

_____

What Unique Things Would Separate You from Other Applicants Applying for This Money?

_____

_____

_____

What Email Address Would You Like to Use and Your Username for Your Grant Application Account?

Ex: yourmail@hotmail.com, File Name: