



Trojans Give Back

A program of the Barnesville Area Community Fund

APPLICATION FORM 2019

Contact Information

Group/Business Name _____

Contact Name _____

Address

Street

Apt. Number

City

State

Zip Code

Home Phone _____

Cell Phone _____

Email Address:

Applicant Information

_____ Please initial to indicate that you are aware that information shared throughout the program, whether through application or presentation, has potential to be shared with the 6th grade students, classroom mentors, program leaders, School Foundation, Barnesville Area Community Fund, and the community at large. Program leaders will review all applications before distributing to classroom mentors and students, and may use their discretion to require applicants to modify applications to exclude information that is considered to be potentially confidential.

This is who we are:



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This is what we do:

This is what we would do with the money:

This is why we need the money: