

Galway Public Library

Application for the use of Story Quilt Funds

Name:

Address:

Telephone:

E-mail:

Web address (if applicable):

Please summarize any relevant past experience (professional or personal).

Proposed location of project (within the Galway Central School District, such as Library, Town Hall, Park, School, etc.):

Target audience and/or age range (for children's programs):

Proposed length of program (how many sessions and how long will each be):

How will this project benefit the community served by the Galway Public Library?

Amount of funds requested:

Are there additional sources of funding for this project?

In addition to completing this form, please submit a description of the program or project and a proposed budget (either on the reverse of this page or on a separate sheet.)

As part of the application process, you may be required to produce a sample of your work to the selection committee. Any publicity must include that the project or program is made possible with Story Quilt Funds. Those awarded grants will be required to submit a Final Report Form. Final selection of projects and programs will be made by the board of trustees of the Galway Public Library. If you have further questions, please contact the Library Director at 882-6385.

The completed application should be submitted at the library or mailed to:
Galway Public Library
PO Box 207
Galway, NY 12074