



# GRANT Application

SKATING CENTER AFFILIATION MUST BE LISTED. MUST BE A ROLLER SKATING ASSOCIATION MEMBER. PLEASE FIND YOUR NEAREST RINK AT [WWW.ROLLERSKATING.COM/FINDARINK](http://WWW.ROLLERSKATING.COM/FINDARINK).

Skating Center Name	
Owner/Operator Name	
Skating Center Address	
City/State/Zip	
Phone Number	
Email Address	
Website	

Name of School (Check Payable to)	
School Name	
Address	
City/State/Zip	
Phone Number	
Website	
Email	
Applicant's Name/Title	
Non-profit Certification Number	

**SEND TO:** Return this form and any supporting documentation by email to [grants@rollerskating.com](mailto:grants@rollerskating.com) or mail to Roller Skating Foundation, 6905 Corporate Drive, Indianapolis, IN 46278. If you do not receive confirmation email of receipt, please follow up with [grants@rollerskating.com](mailto:grants@rollerskating.com) as we may not have received it. Submissions made after the deadline or not received due to technical issues will be saved on file for consideration for the following year.

**DEADLINES:** March 15, 2019. Decisions will be made within the first quarter of the year. Recipients will be notified by the Foundation office.  
**QUESTIONS?** Call 317-347-2626 Ext. 107

## GRANT REQUEST INFORMATION

Project Request Title	
-----------------------	--

Grant Usage: Please provide a brief explanation as to how you intend to use the grant funds and why your school or program should be selected as a recipient. Please attach additional information on project, if available. The following criteria will be used when determining grant recipients: Need, creativity and priority consideration will be given to projects directed towards roller skating, as well as innovative projects aimed at improving physical fitness or education.

--

How many students are being represented by this grant?			
Amount Requested	\$		(Please note: Amount requested must be specific for application to be processed.)
Has your school or cause previously received a grant from the Roller Skating Foundation?		Yes	No
If yes, please indicate the department, cause and year.			

## SIGNATURE

Signature of Applicant		Date	
Signature of Principal		Date	