



**Day of Portugal Organization**

**P.O. Box 40564....New Bedford, MA 02744**

***CHARITY APPLICATION***

Applications must be filed no later than **APRIL 15, 2016**

**Name of Organization**

**Non-Profit Status: Tax ID #**

**Mailing Address**

**Name of Representative (Primary Contact)**

**Title of Representative**

**Telephone Number**

**Fax Number**

**E-Mail Address**

**A description of the organization, its mission and its achievements**

**List the needs of your organization – include a budget with the application**

**How will your organization benefit from this scholarship**

**The committee reserves the right to request further information as well as visit the organization, prior to awarding the funds.**

**The undersigned certifies that they are authorized to represent the organization applying for the charity scholarship and the information contained in this application is accurate.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO:**

**New Bedford Day of Portugal  
Scholarship Committee  
P.O.Box 40564  
New Bedford, MA 02744**