



## Al's Clinics Grant Application

*The purpose of this grant is to provide financial assistance with lessons, camps/leagues, or other lifetime sport learning opportunities.*

Name: \_\_\_\_\_ Age/Year in School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Requested Amount: \_\_\_\_\_ Type of Activity: \_\_\_\_\_

Where/when is your clinic, lesson, league, etc.? \_\_\_\_\_

Circle if Appropriate: Baywinds Thunderbird Golf Other: \_\_\_\_\_

Dates: \_\_\_\_\_

Where would we send the money (club, school, etc.)? \_\_\_\_\_

.....  
Reference person for applicant:

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

Phone: \_\_\_\_\_ Address or E-mail: \_\_\_\_\_

.....  
*Send completed form to:*

**Al's Clinics  
P.O. Box 102  
Sandusky, OH 44871**