



Polish Singers Alliance of America

**Chorus Grant Program  
APPLICATION**

District No. Chorus No. Date

Chorus Name

Chorus President Email

Mailing Address

City State Postal Code

Program Director Name

Program Director Email Telephone

Indicate grant category as described in the *Guidelines*. (Check all that apply)  concert / performance  collaborative program / event

**PROGRAM NAME:**

Chorus President Date

Signature

\* Program Director Date

Signature

*\*NOTE: If Chorus President and Program Director are the same person, only one signature is required.*

**MAIL APPLICATION TO:** Polish Singers Alliance of America, Attn: Mary Lou WYROBEK, 20 Brookfield Ln., #4, Cheektowaga, NY 14227

## PROJECT INFORMATION

1. Description of program / event

2. Indicate who will benefit from this program. (check all that apply)

- young audiences
- collaborators
- community organization(s)
- community outreach
- other:

3. Indicate the audience number you expect to reach or the number of individuals to benefit.

4. List any collaborators (if applicable)

5. Anticipated completion date(s) of program and/or event.

# FUNDING REQUEST

Provide Itemized list describing the anticipated use of the requested PSAA Chorus Grant award amount.

ITEM DESCRIPTION	COST
<b>Total itemized budget for project</b>	
<b>TOTAL FUNDS REQUESTED FROM PSAA</b>	

**PLEASE NOTE:**

Grant monies will be sent AFTER the project is completed and the required **Grant Final Report** is submitted to the PSAA within 30 days of the actual completion date.