Name of School (Check Payable to)	School Address
School City/State/Zip	Project Name (Required)
Applicant's Name & Title	Phone #
Fax #	Non Profit Certification Number
Applicant's Email We'd like to better serve you. Please help us do that by	y answering the following questions:
1. Please provide a brief explanation of how you interbe be selected (attach addition sheet if more space is	nd to use the awarded funds and/or why your school should required):
	e a specific dollar request, your application will not be processed) anol has previously applied for or received grants from the
	No
4. Has the specific department/cause previously appl Foundation: Yes No	ied for or received grants from the Roller Skating
Signature of Applicant	Signature of Principal
Date	Date
	ing Roller Skating Association skating center. For questions please call 317-347-2626, ext. 103.
Typical grants are \$25.00 and up. Grant d	eadlines are October 1, 2014 and February 1, 2015
	hich are designed to improve the physical fitness and of the students.
For Roller Skating Association Rink Operator:	
Name of Rink	Rink Address

Date

RSA ID#