

APPLICATION

Barrett Bateman Foundation

Name of the Organization_____

Address_____

City, State, Zip Code_____

Telephone Number (____)_____

Name of Contact_____

Position in the Organization_____

Tax Exempt Number_____

Mission of Organization (You may submit a separate page for the mission statement)

Please enclose a copy of last year's budget and a recent audit if available.

Amount of your request and how it would be used._____

