

**LAVINA YOUNG TRUST**  
**APPLICATION FOR GRANT**

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number of Applicant: \_\_\_\_\_ **RETURN TO FIRST TRUST BY 5/15/2021**

Email Address of Applicant: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Federal Employer Identification Number of Applicant: \_\_\_\_\_

The Applicant certifies that it is a tax-exempt organization or is a unit of local government that would use the Grant for which application is made for charitable, educational, religious or municipal purposes in Iroquois County.

Amount of Grant Requested: \_\_\_\_\_

Charitable, religious, or educational purpose of Grant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If additional space is needed, attach an additional page.)

If a Grant is awarded, the Applicant agrees to use that Grant only for charitable, religious or educational purposes in Iroquois County set forth above. At the completion of the project or use for which the Grant is sought, the Applicant agrees to provide to the Trustee a detailed accounting as to how the funds were spent and to provide any additional information which the Trustee may request to establish that the funds were spent for the charitable, religious or educational purpose for which the Grant was sought. In the event that any funds are not spent for the charitable, religious or educational purpose set forth above, the Applicant shall, upon demand, immediately refund any funds not used for that purpose to the Trust. The undersigned certifies that he or she has authority to sign this application on behalf of the Applicant and to bind the Applicant to the obligations set forth in this paragraph.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Return Completed Application To:  
First Trust and Savings Bank  
120 E. Walnut St. P O Box 160  
Watseka, IL 60970-0160  
815-432-2494

\_\_\_\_\_  
(Authorized officer or agent of Applicant)

\_\_\_\_\_  
(Title)