





PLEASE ATTACH ANY ADDITIONAL INFORMATION WHICH WOULD BE HELPFUL IN DESCRIBING YOUR ORGANIZATION/AGENCY AND ITS PROGRAM(S)

*Please mail your completed application to:  
The Westport Woman's Club  
44 Imperial Avenue  
Westport, CT 06880*

SUBMITTED BY: \_\_\_\_\_  
(NAME)  
\_\_\_\_\_  
(TITLE)  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_

**OCTOBER 31, 2017 IS DEADLINE FOR GRANT APPLICATIONS**

Rev 9/17