

Margaret Sue Rust Foundation Grant Application Cover Form

Organization Name:

Address:

City:

State:

Zip:

Phone:

Fax:

E-Mail:

Executive Director:

Grant Contact Person:

Phone:

Summary of Grant Request:

**Amount Requested: \$
Capital Project.**

Will represent

% of annual Operating Funds or

Date:

*Please mail this cover form **and** original + four copies of grant request packet (unbound) to:*

**Margaret Sue Rust Foundation
P.O. Box 2659
Rockport, TX 78381-2659**