



# Al Bart Memorial Grant Application

Return this completed form to:  
NWBA Grant Committee  
4742 42nd Ave SW #185  
Seattle, WA 98116

Your Name \* \_\_\_\_\_

Your Email \* \_\_\_\_\_

Address \*

Street Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Apt, Suite, Bldg. (optional) \_\_\_\_\_

City \_\_\_\_\_

State / Province / Region \_\_\_\_\_

Postal / Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Primary Phone \* \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Name of function you will be attending \* \_\_\_\_\_

\_\_\_\_\_

Location of function you will be attending \* \_\_\_\_\_

Contact address for Event Organization/Person \* \_\_\_\_\_

\_\_\_\_\_

Contact email for Event Organization/Person \* \_\_\_\_\_

Contact Phone for Event Organization/Person \_\_\_\_\_

Date(s) of Event \* \_\_\_\_\_

Amount of your request (up to \$300) \* \_\_\_\_\_

Why do you want to attend this event? \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you an NWBA member? \* Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you been a member? \_\_\_\_\_

Have you received an NWBA grant before? \* Yes \_\_\_\_\_ No \_\_\_\_\_

When have you received an NWBA grant before now? \_\_\_\_\_

What are your goals for blacksmithing? \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a specialty or specific interest in field of blacksmithing? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Paying it forward. \*

Please include a short paragraph describing how the NWBA will benefit from your experience, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the grant is awarded, who should the check be made out to? (name of institution, class, or instructor) \* \_\_\_\_\_

Where should the check be sent? (Address of institution, class, or instructor) \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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