



# Friends of the WTA Youth Grant Application

Name of Team or Organization: \_\_\_\_\_

Location: \_\_\_\_\_

Team Affiliation: AIM \_\_\_\_ HSCTL \_\_\_\_ SCTP \_\_\_\_ Other \_\_\_\_

Number of Team Members: \_\_\_\_

Name of Coach or Main Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Describe your team's needs and how specifically any granted funds will be used:

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Last Time Your Team Applied for or Received a Friends of the WTA Grant:

First Time: \_\_\_\_ Year: \_\_\_\_

Any additional information regarding your request for funding is welcomed and appreciated.

Your application is due by February 1<sup>st</sup> to be considered in the current year. Send to,  
Bruce Stiteley  
W5863 Muskellunge Lake Road  
Tomahawk, WI 54487  
stiteleyb@hotmail.com  
715-612-5271