



## Program Application

Thank you for your interest in Tulen Foundation programs. Please complete the information requested and we will review your application. Applications for matching funds, in which the applicant or other entity can pay towards the amount needed, are encouraged.

Application Date	Region	
APPLICANT INFORMATION		
Name		
Phone (        )	Email	
Address		
City	State	Zip
ORGANIZATION		
Organization Name	Contact Person	
Phone (        )	Email	
Address		
City	State	Zip
PROGRAM		
Please Check One) <input type="checkbox"/> "No Go Yell Tell" Kids Self Defense <input type="checkbox"/> "Hours of Power" Self Defense <input type="checkbox"/> "Strike Back" Women's Self Defense <input type="checkbox"/> "Anti-Bullying" Self Defense <input type="checkbox"/> Other _____	Program Date(s)	
	Program Location	
	Number of Participants	
The Tulen Foundation is committed to providing equal opportunities to all persons regardless of race, color, national origin, age, religion, sex, or disability in its programs, services, activities, employment policies, and enrollment or subscription to any program or service. Application approval is based on criteria determined by the Tulen Foundation.		
Applicant's Signature	Date	



INTERNAL USE ONLY

FUNDING REQUEST	
Number of Instructors:	
Number of Hours:	
Hourly Rate:	
Other Expenses (with description):	
Amount Contributed by Organization:	
Total Amount of Request:	
Amount per Participant:	
Why are you seeking a grant from the Tulen Foundation? How will it benefit the participants?	
Signature	Date

TULEN FOUNDATION	
Date Received by Tulen Foundation	Region
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Funds Encumbered
Tulen Foundation Statement and Disbursement of Funds	
Authorized Signature	Date