



# Oregon Trail Community Foundation

**Grant  
Application  
Cover Page  
(Section 1)**

The Oregon Trail Community Foundation is a benevolent community trust organized under the laws of the State of Nebraska for the benefit of the citizens of **western Nebraska and Goshen and Platte Counties in eastern Wyoming.**

Date of Application \_\_\_\_\_

Applicant's Name \_\_\_\_\_ When Founded \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Officers (names, titles and addresses – may list separately)

Board of Directors (names and addresses – may list separately)

Executive Director \_\_\_\_\_

Who shall we contact for this grant? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of employees \_\_\_\_\_

Principle services and purposes of organization:

To serve the community. To help the poor. To develop the talents of young generations.

State Amount Requested \$ \_\_\_\_\_



# Oregon Trail Community Foundation

**Grant  
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Cover Page  
(Section 2)**

The Oregon Trail Community Foundation is a benevolent community trust organized under the laws of the State of Nebraska for the benefit of the citizens of **western Nebraska and Goshen and Platte Counties in eastern Wyoming.**

What purpose(s) the requested grant will be used for?

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What efforts have you made, or will make, to raise the necessary funds?

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How much money have you raised, or how much do you anticipate raising, towards this project?

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Benefits expected from the grant (to the applicant and to the community).

President or Authorized Signature \_\_\_\_\_

**Return this completed form and required information to:**  
**Oregon Trail Community Foundation**  
**In person:** 416 Valley View Drive, Suite #700, Scottsbluff, NE 69361  
**Or mail to:** P.O. Box 1344, Scottsbluff, NE 69363-1344  
308-635-3393  
**\*Donations to the Foundation are tax deductible\***