

Transcendental Meditation® *for Women*

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Grant Application Form

for Persons with Financial Need

Please fill out this form, to be reviewed by the Grant Committee of the TM program for women.

The information you provide on this form will be kept strictly confidential.

Name: _____ Phone: _____

Married? _____ Number of additional dependents: _____

Occupation: _____ Work full- or part-time? _____

Monthly household income: \$ _____ Monthly expenses: \$ _____

Amount of debt: \$ _____ Amount of savings: \$ _____

Assets: _____

Amount of Grant Request: \$ _____

Please describe any special financial circumstances that you would like to be considered in your grant application:

We are a nonprofit educational organization that is partially supported by donations and volunteer work. Please state your interest in performing volunteer work for our Center if your grant application is approved. Also, please list your skills that might benefit our activities:

Signature: _____ Date: _____

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For any questions, please email: finance@gmdousa.org or call 641-209-1848.