

LSLA Education Inc
Request for contribution

Name of application organization:

Amount requested from LSLA Education Inc. \$ _____

(Check all that apply)

Organization: Corporation _____ Partnership _____ Non-Profit _____

Educational facility _____

Please list tax identification number _____

Person in Charge of Project: _____

Address: _____ E-mail Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

1. Please give a brief description in regards to what educational benefits your organization provides to the public in regards to the Forest Products industry?

2. Has the organization solicited funds from LSLA ED. in the past? When? If so how much was received?

3. Does this group receive any Federal, State or other funding?

Required Enclosures:

- Financial Statements

Signature

Title

Date