**Bud Leabo Memorial Fund Grant Application**

Please fill in the blanks below. The boxes will expand onto additional pages, as needed.

**Name of Applicant Contact Phone**

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**Contact Email**

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**Organization**

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**Requested Grant Award ($1K to $10K)**

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**Description of Innovative Barbershop Project**

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**Project Timeframe and Schedule**

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**How will your project bring new people to Barbershop music?**

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**Required Resources**

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