

**Columbia Gorge Dyslexia Fund
of the Gorge Community Foundation**

Application for Support

Date

Your name

Address _____ **Phone** _____ **Email** _____

Name of Applicant

Relationship to applicant

Brief Statement of Need

How will the funds be used?

Date Needed

Signed

**Please return by email to: Jill Burnette, Executive Director, Gorge Community Foundation,
jill.gorgecf@gmail.com**

Amount Requested