



## USA Archery Collegiate Archery Program Grant Application

**Club Contact Information:**

USA Archery Collegiate Archery Program Club Name: \_\_\_\_\_  
 Requestor's Name: \_\_\_\_\_  
 Club Address: \_\_\_\_\_ City, State, and Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email \_\_\_\_\_

**USA Archery distributes grants to benefit USA Archery Collegiate Archery Program Clubs in good standing.**

**About the Club:**

Start Date of the club: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      How many archers are in the club? \_\_\_\_

**Please list the certified coaches in your club along with their certification levels:**

- 1) (Full Name) \_\_\_\_\_ (USAA Coaches Certification Level) \_\_\_\_\_
- 2) (Full Name) \_\_\_\_\_ (USAA Coaches Certification Level) \_\_\_\_\_
- 3) (Full Name) \_\_\_\_\_ (USAA Coaches Certification Level) \_\_\_\_\_
- 4) (Full Name) \_\_\_\_\_ (USAA Coaches Certification Level) \_\_\_\_\_
- 5) (Full Name) \_\_\_\_\_ (USAA Coaches Certification Level) \_\_\_\_\_

If club has more than five coaches please attach a separate page.

**How often does the club meet?** \_\_\_\_\_

**Please describe your facility or range:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please provide a brief history or mission of your club:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please list any additional sources of revenue during the last year (i.e. club fundraising, community civic group donations, membership dues, individual contributions etc):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please tell us what type of activities your club is currently engaged in to support the inclusion of all participants in the sport of archery (Including archers with disabilities, economically challenged archers, minority or otherwise under-represented archers):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





