



Glory Be to Kids, Inc.  
PO BOX 1022  
North Tonawanda, NY 14120

**Beneficiary Application**

Date: \_\_\_\_\_

Name of Charity: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Website: \_\_\_\_\_

Are you a NYS Registered Charity: Yes \_\_\_\_\_ No \_\_\_\_\_

Is your Organization a 501C3: Yes \_\_\_\_\_ No \_\_\_\_\_

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**Beneficiary Eligibility Requirements:**

- Applications must be received by October 1<sup>st</sup> to be considered for the following year's beneficiary
- Must be an organization that solely serves children aged 21 and under
- Present your organization's info to members at the GBTK annual selection meeting
- Representation of your organization in some way at all GBTK events
- Assist, if possible, in volunteer recruitment, event participation and sponsorship solicitations
- Attend check presentation
- Provide a report on how the funds were spent within 12 months of the check presentation

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Description of charity services and/or mission statement:

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What would funds be spent on:

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